(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neceshousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative healthlaborer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs. For persons who have no occupation Farm laborer. Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. Wom-. Grocery;

Statement of Cause of Death—Name, first, the DISEART CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, American Medical Association.) as fructure of skull, and consequences (e.g., sepeis accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Meusles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WF

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	960 01256
County Galtenor	Registration Dist. No. 30
Village or City Catonsville	No Strong Save Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Everett Devan	2
(a) Residence: No. 9 Fourth It Poco (Usual place of abode)	nSt. one Ward City Manual State If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color of Divorced (write the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. E. Bewans	22. JAHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Felon 25/1867	Hast saw harman live on Felen, 28 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at S. A.m.
67 0 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, was own business in which saw MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and spent in this secretion (month and spent in this secretion).	Chr. Endocarditas 1200
SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance: Attento - Sclosonia - 1 mo
	Levile Bychosis mas
14. BIRTHPLACE (city or town) Posernoke Cely	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Englishment 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MAS E. Bevans Grife)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMOTION, OR REMOVAL PLACE Mourely, 1972	Manner of injury
19. UNDERTAKER JOHN C. Miller (Address) 12735 E. Coliver Att	24. Was disease or injury in any way related to occupation of deceased? 216
20. FILED 12 f , 19 & All Sand Registrar. If more blaker archiefed saddres State Registrar,	(Signed) (Address) Cafor Sub-le Sub-l

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1 2 ż

	3	TATE OF	MARI	LAND	CERTIFICATE OF DEATH	05 4
1	. PLACE OF DEAT				(23)	401
County Baltimore					Registration Dist. No. 32	
	, go or ony	Mt. Wilso		(If	Mt Wilson Branch Md	Ward
	Length of residence in ci			yrs,L Q_mos.	4 ds. How long In U.S. if of foreign birth? ? yrs. ? mos Resident of Maryland for	ds.
2	. FULL NAME	Julia N	M. Bocz	on	Resident of Maryland for	0 310
	(a) Residence: No	Denton	, Maryl (Usual place of		St., Ward. If nonresident give city or town and S	otate
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3.		White 5	single, marr or divorced Sin	(write the word)	21. DATE OF DEATH February 22nd, (Month) (Day)	193 <u>4</u> • (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of		ngle		22. 1 HEREBY CERTIFY, That t attended d. April 18th, 19 32 to February 23	eceased from
6	DATE OF BIRTH (month, day	v. and vear) Ma.	y 23rd.	1908	Hast saw h.er. alive on February 22nd, 19.34;	
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et. 8.25 A.m.	
	25	8	30	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
ATION	Trade, profession, or profession, or profession of work done, SAWYER, BOOKKEE 9. Industry or business in	as SPINNER, EPER, etc	Housewo		Pulmonary tuberculosis.	Sept.
OCCUPATION	work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mo	etcrked at	At home	ne (years) Un- tin this Known		
12.	BIRTHPLACE (city or town) (State or country)	IInlenous		pation _ AILO_VAL	Other Coutributory Causes of importance: Laryngeal tuberculosis. April	1025
2	1	ph Boczon	n		Tuberculosis of bladder. May	1933
FATHER	14. BIRTHPLACE (city or to	IInlenoi	wn		Name of operation No operation Date of	No
2				1a	Whet test confirmed diagnosis? X-ray and was there an au tubercle bacili were found in 23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy
16. BIRTHPLACE (city or town) Unknown			own	Ι α	Accident, suicide, or homicide? Date of Injury	
17. INFORMANT A TANK Spalding . (Address) Mt. Wilson, Md.			ldung	•	Where did injury occur?	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Re deemer Date Sept 24, 1934			Date Sept	+24,1934	Manner of Injury	
19	19. UNDERTAKER Frank brach for (Address) 1906 whland and			-		No.
20	FILED Mey 22	193× 9	706	Myse Registrar.	(Signed) Mt. Wilson, Md.	M. D.

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Other contributory takes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1 ä See instructions on back of certificate.

1. PLACE OF DEATH	(11258
County Balting	Registration Dist. No. 8 35
Village or City Sutherville	No. St. Ward
(Ill. Length of residence in city or town where death occurred	f death occurred in a horpital or institution, give its NAME instead of street and number) sa_ds. How long in U.S. if of foreign birth?mosds.
0 6	
(a) Residence: No. Suthernelle med	St. Ward.
(a) Residence, No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6 11 10116	January 3 nd 1933 , to Feb 26 , 193 4
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw half aliva on Fall 20 , 19.3.7 ; death is said to have occurred on the date stated above, at 2.30 A .m.
e.L (12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	0.0
9 Industry or business In which	training fibrillation 2/20/25
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Semility
	-
E 1 1 1 C	
(State or country)	Name of operation
15. MAIDEN NAME Penelose Muman	What test confirmed diagnosis? Was there an aulopsy?
E CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
1 2 2 6 6 1	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Sutherwille mo	Specify medicinal in the Service in
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Careleyrolle Data Max. 1, 1934	Nature of injury
19. UNDERTAKER Wom. C. Brook & S. (Address) Seas from Toronto.	24. Was disease or injury in any way related to occupation of deceased? Ye
20. FILED Month A 18 William Chil cont	(Signed) Clewill Havel M.D. (Address) Twom Mel
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
12			

should state

1.	PLACE OF DEA	TH			(23)	
1	County Bal	timore			Registration Dist, No. 32	
/	Village or City N	t. Wils	on		Na uberculosis Sanatorium st.	Ward
) (1	f death occurred in a horpital or institution, give its NAME instead of street and r s	umber)
				2yrs, mos	syrsm)sds.
2.	FULL NAME)	7-744 200	
	(a) Residence: No.	2000 H	(Usual place		St., Ward. Baltimore, Md. If nonresident give city or town and	State
	PERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S		or or race		RIED, WIDOWED, O (write the word) Cied	21. DATE OF DEATH February 12th (Month) (Oay)	, 193 4 • (Year)
5a. I	f married, widowed, or div HUSBANO of (or) WIFE of	orcad Cha	rles Bro	ring	22. I HEREBY CERTIFY, That I attended January 22nd 1034 to February 1	
6 5	ATE OF BIRTH (M	ay 28th	1876	I last saw h.er. alive on February 12th, 19 34	
7. A	ATE OF BIRTH (month, da GE Years	Months	Davs	If LESS than	to have occurred on the date stated abova, at \$.55 A m.	, death is said
	57	8	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profession, or p	particular	Housewi			Date of onset
음	SAWYER, BOOKKE	EPER, etc			Pulmonary tuberculosis	Nov.
UPA	9. Industry or business i work was dona, as SAW MILL, BANK,	N WHICH SILK MILL,	at home	•		1933
OCCUPATION	10. Oate deceased last we this occupation (myear)	orkad at	11. Total ti 33 span	me (years) 31 it in this pation yrs		
12	BIRTHPLACE (city or town	Balti	more		Other Contributory Causes of Importance:	
16.	(State or country)	Maryl	and		Pyelitis	cnown
ER	13. NAME Keri	an Coug			Ja	n.30 to
FATHER	14. BIRTHPLACE (city or t	UWID	nown		Name of operation Pneumothorax Oate of F	eb.6.1934
	(State or country)		land		What tast confirmed diagnosis? X-ray, and was there an a	u'opsy?NO
MOTHER	15. MAIDEN NAME	arah Mu	imore		23. If death was due to external causes (VIOLENCE) fill in also the following	
NO W	16. BIRTHPLACE (city or t (State or country)	own) Mary			Accidant, suicide, or homicida?	, 19
17. INFORMANT Jouis R. Schuerholy) }	Where did Injury occur?	:) NCE.
18. BURIAL, CREMATION, OP REMOVAC			- Mu. 0	. ~1	Manner of injury	
Place New Coalheded Oate Ch. 15 , 1934			Oate Felt	1934	Nature of injury	
19. UNDERTAKER Seo W Trub and In			ul are	Jon.	24. Was disease or injury in any way related to occupation of deceased? N	0
19.	(Address) 5 11	n. ur	141 21	······	If so, specify	
20. 1	FILED FLOY 12	19.3 1/	me	J. Mese	(Signed) John C. Smith	M. D.
	Panistran				(Address) Mt. Wilson Md.	

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A B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1-6)
County Battimore	Registration Dist. No.
Village or City White Hall.	NoWard
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOMAS VILLON	1 Brown
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH Jeb (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S and 2 Provin	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quant 3/1861	Hast saw han alive on Jel 1 9 1984; death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, atbp.m.
72 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute nephritis week
SAW MILL, BANK, etc. Wind of work done, as SPINNER, Calchia SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year) 25-3-4 11. Total time (lears) spant in this occupation 229	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maylanel	Lalgriffe 3 mi
II 13. NAME Villam Brown.	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charlotte Sell	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT EMMY & Brown	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Whyte Here may	
Place Place Tel-72,1934	Manner of injury
19. UNDERTAKER WM. C Brooks & S.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address)	If se, specify
20. FILED Jef 20 , 1934 M elies Cortie	(Signed) O D Denson M. D. (Address) Crebysoll My
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting OS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	approximate and a second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	DIATE OF BEATH
County BALTIMORE	Registration Dist. No. 837
Village or City Cockeys ville	No.
I med a	If death occurred in a hospital or institution, give its NAME instead of street and number) sds How long in U.S. if of foreign birth?
2. FULL NAME JOSEPH L. BROWN	
(a) Residence: No. Cockeys rible BALTO (Usual place of abode)	Cost, M.D. Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX MALE VIL TE Sa. If married, widowed, or divorced HUSBAND of So. II married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) 2 7 (Day) (Year)
(OF) HIFE OF LAURA BROWN	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) October 27, 1834 7. AGE Years Months Days If LESS than 1 day, hrs.	I last saw he alive on 124, to 2/27, 1934; death is said to have occurred on the date stated above, at 7 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance.
8. Trade, profession, or particular	were as follows:
No. Trace, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	Broncho-premiorin : 2/20/2
Work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation month and year) ————————————————————————————————————	Other Contributory Causes of importance:
(State or country)	
13. NAME LUKE BROWN	
13. NAME LUKE BROWN 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? No
15. MAIOEN NAME KING	
15. MAIOEN NAME KING 16. BIRTHPLACE (city or town) BALTO COUNTY (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT MRS. LAURA BROWN (Address) Cockeysville, MD.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / Place Soplus Oate Mar 7 1934	Manner of injury
19. UNDERTAKER Was C Barrier & Same	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO March 14, 15 William J. Chilcont Registrar.	(Signed) A. M. Bagusin M. D. (Address) Dundan M. D.
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Baltimore	Registration Dist. No. 44
Village or City Sternmers Com	No. Clace Grad St Ward
(!! Length of residence in city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Julius Robert Rand	three Sr.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOI OR RACE OR DIVORCED (wrighthe word) 5a. If married, widowed, or divorced HUSBAND of HUSBAND of	21. DATE OF DEATH (Month) (Day) , 193 (Jeer)
6. DATE OF BIRTH (month, day, and year) Sept. 29 1861	1 HEREBY CERTIFY. That I attended deceased from 19 1, to 2 1, 19 5, fiast saw han alive on 1975; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 250 4 m.
7 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or patiticular kind of work done, as SPINNER, Administration SAWYER, BODKKEPER, etc	Date of one et
kind of work done, as SPINNER, AND SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	Olowary lesombació
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country) Stermany	
13. NAME Julius A. affectiones 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / MANON 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country) Armany	Where did injury occur?
17. INFORMANT anna L. Buffiner (Address) Stemmers More	(Specify city or lown, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR BEMDVAL	Menner of injury
Place grow Little Cena. Date July 25, 1934	Nature of injury
19. UNDERTAKER Fredh, Largaling land (Addiess) 7 401 Belaja Bal	24. Was disease or injury in way related to occupation of deceesed?
20. FILED Life 2 19 34 Long & Commelly Registration	(Signed)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
death and related causes follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
ses of importance:	1 year

M. D. B. 1268-9 HEALTH DEPARTMENTitem of Stances CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No ... ORD. Every PHYSICIANS (If death occurred a hospital or institution, give its NAME instead of street and number.) yrs...ds. How long in U. S. If of foreign birth 3 7rs.....mos....ds Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual piace of abode) (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS .. MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, 3- SEX 4. Coior 21. DATE OF DEATH (month, day, year) or divorced (write the mord) I HEREBY CERTIFY. That . I _attended deceased 5a. If married, widowed, or divorced HUSBAND of unterrown. (or) WIFE w I iast saw home alive on. to have occurred on the date stated above, at. 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of 7. AGE Dava If LESS than Years Months importance were as follows: Date of onset 1 dayhrs. ormin. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkceper, etc,..... 9. Industry or business in which work was done, as siik mill, saw mlii, bank, etc .. 10. Date deceased last worked at 11. Total time (years) this occupation (month and Other contributory causes of Importance: year)..... occupation. 12. BIRTHPLACE (city or town) (State or country) impor 13. NAME . 7 Name of operation..... Date of .. 14. BIRTHPLACE (city or town) What test confirmed diagnosis?......Was there an autopsy? (State or country) 23. If death was due to external causes (violence) fill in also the foilowing: 15. MAIDEN NAME 16. BIRTHPLACE (city or town Where did injury occur?..... (Specify city or town, county, and State) (State or country) Specify whether injury occurred in industry, in home, or in public 17. INFORMANT place (Address) Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER

Registrar.

.....If so, specify.....

(Signed)..... (Address).

3

(Address)

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Examples:

Example 1	AND AND	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

horry som

Dana seemla TY

M. D. B. 1268-9

1. PLACE OF DEATH ,	CERTIFICATE OF DEATH 01264
County Baltanos	Registration Dist. No. 30
Village or City Co atomorble	ND. Africa Grove Hofital St., War feet of street and number)
5 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
	syrsmosd
2. FULL NAME Charles Canto	
(a) Residence: No. May los 6 for Geo	Ward. Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Febr 67 1934
male while single	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of Lengte	aug 15 1933, 10 Felin 6 1936
DATE OF BIRTH (month, day, and year) Junking 1909	I last saw he alive on 7cby 67, 1924; death is sa
AGE Years Months Days If LESS than	to have occurred on the dete stated above, at I.Q. A.m.
25 7 ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trade, profession, or particular	Benian tumor: not anglianant.
sawyer RDDKKEEPER atc. Larry Rand	Turn of Klings /m
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this occupation (month and spent in this occupation).	- Committee of the comm
SAW MILL, BANK, etc.	Primary in lung Ow (3)
year) - Garage G	Dther Contributory Causes at Importance:
2. BIRTHPLACE (city or town) May lor	
(State or country) fr 940. Co. md	EmphyRana of 3da
13. NAME UNKNOW	tebrues
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Lucknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Jas Cantor Juncles. (Address) Naular P. Co. Pr. Geo Page No.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Liftpur Marloso Date 2/6 ,1934	Neture of Injury
Bitchia Bans	24. Was disease or injury In any way related to occupation of deceased?
9. UNDERTAKER SIGNAL SANTONO MOL	If so, specify
Mill Hill	(Signed) Golf & Garrett M.
0. FILED 1934 Registrar.	(Address) Partonger le Mil

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

:	L PLACE OF DEATH	MARILAND	CERTIFICATE OF DEATH 01263	
	County Baltimore		Registration Dist. No. 30	
	Village or City Catonsvill	Le	110 Oakdala Arrania	Ward
	Length of residence in city or town where deeth	(If	f death occurred in a hospital or institution, give its NAME instead of street and number sds. How long in U.S.If of foreign birth?yrsmos) ds.
	. FULL NAME Mary Rosal	lie Carr		
	(a) Residence: No. 110 Oakda		St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) VICOW	21. DATE OF DEATH 2 - 17 (Month) (Day) 193	K
5a.	If married, widowed, or divorced HU3BAND of			ear)
	(or) WIFE of John Wilso	on Carr	22. I HEREBY CERT! FY, Thet I ettended deceas	
	DATE OF BIRTH (month, day, and year)		I last saw halive on, 19; deat	9 h is sald
7.	About 64 Months	Days If LESS then 1 dey, hrs. or min.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	
NOI	8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	None	Cerebral Embolin i	ofenset
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc.	usewifa	afoflexy	24
000	10. Data deceesed last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland			Other Contributory Causes of importance:	
2	13. NAME Edward Hare		OK W. Candreal	
FATHER	14. BIRTHPLACE (city or town) Baltin	more	Name of operation.	760
FA	(State or country) Maryla	and	What test confirmed diagnosis? Found clear was there an autopsy	2 100
ER	15. MAIDEN NAME Rosins	a A. Foy	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:	1-223
15. MAIDEN NAME Rosina A. Foy 16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland			Accident, suicide, or homicide?, 1 Where did injury occur?, 1	9
17. INFORMANT Miss Margaret K. Hare (Address) 110 Oakdale Avenue		K. Hare	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemet	ery 2/17 19 34	Manner of Injury	
19.	UNDERTAKER Menry U. Dr. (Addiess) 80 5 M. Calv	Dears wellow	24. Was disease or injury In any way related to occupation of deceased?	·
20.	FILED 715- 19 AC	Indese Registrar.	(Signed) Marshall B wist (Address) Catornielle Was	M. D.
	If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CEDTICICATE OF DEATH

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	-510
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01266
1. PLACE OF DEATH	93-2)
County Baltimore	Registration Dist. No. 4 30
Village or Gity Coatonsiel C.	No. Spring Grove Hopelast Ward
7 (1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GRONGE Carro	ll
(a) Residence: No. 1921 E. Chase	St., Ward. Baltamo
(Usual place of abode)	If unresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
90 OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
linknown	Dept 11, 1931, 10 Felin 12, 1934
6. DATE OF BIRTH (month, day, and year) Feb. 28/1860	I last saw h. A alive on Zely 12, 193 K; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at &am.
73 1/ 12 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z Rind of work done as SPINNER	Data of enset
Rind of work done, as SPINNER Char maker	
Rind of work dona, as SPINNER SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and the countries the contribution).	Cetebral Curbolism Iday
10. Data deceased last worked at 11. Total time (years)	apo playy
this occupation (month and year) spant in this 30 year occupation	
12. BIRTHPLACE (city or town). Backemore	Other Coutributory Causes of importance:
(State or country)	Chr. Endres Astes 120
13. NAME Case Carrel	Serile Parchosis 2 mg
13. NAME Wash Carrel 14. BIRTHPLACE (city or town) Caltrust	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rachel In Elen	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Rachel Miller 16. BIRTHPLACE (city or town) Balf	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT arthur Carrell	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1921 E. Chase St	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Conclety Date 1 6 , 194	Nature of injury
19. UNDERTAKER 6. J. Farming 1 son	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1938 6. Lifay ette Aus.	If so, specify
20. FILED 19 4 19 11 11 11 11 11 11 11 11 11 11 11 11	(Signed) Tarrely M.D.
Registrar.	(Address) Catonsirle Ind
If more blanks are needed, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial ne hards	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		/	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5, 1927	Peritonitis	3 days ago
MOR 18 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ,	May 1, 1923	Gastroenteritis	· 1 year

St CH	1. PLACE OF DEATH	
DOCCT	County Bally	woy
= /	Village or City Deen	dalk
9 /		2) (If
IANS	Length of residence In city or town where	death occurred yrs. mos.
I I	2. FULL NAME CLLQ	s haynel
PHYSICIANS ct statement	(a) Residence: No.	(Usual place of abodé)
Exact	PERSONAL AND STATIST	
Ex.	3. SEX 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED.
I.	male white	OR DIVORCED Awrite the word)
X A C T j classified	5a. If married, widowed or divorced HUSBAND of	7 160
Aassa	(or) WIFE of Nanah OC	Channells
	6. DATE OF BIRTH (month, day, and year)	24.30-18/n
- 6	7. AGE Years Months	Days If LESS than
stated proper ertifica	14/0/	1 day,hrs.
	8. Trade, profession, or particular kind of work done, as SPINNER.	217
	SAWYER, BOOKKEEPER, etc.	argenun
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
it it	To. Date deceased last worked at this occupation (month and	11. Total time (years) spant in this
	year)	occupation
se cti	12. BIRTHPLACE (city or town)	
supplied. n terms, ee instru	(State or country)	a Co
	13. NAME (city or town)	hannell
	14. BIRTHPLACE (city or town)(State or country)	1/0
3 3	L 15. MAIDEN NAME	100
refu [in tant	E GCCCC	palack
be careful EATH in p important.	2 16. BIRTHPLACE (city or town) (State or country)	10
d be car DEATH y import	17. INFORMANT Larah C.	Collanne
should 3 OF DI s very	(Address) 24 East	okis al
sh Sh is v	18. BURIAL, CREMATION, OR REMOVAL	B. 64.20
mation s CAUSE TION is	Place Control Place	Date/
CA	19. UNDERTAKER JOHN	lrich a
1	(Address) 200 COL	eaus of

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	01268
EATH			
Ballu	woy	Registration Dist No.	41
Lun	dalk	No. 2 / East Olip Rds	t Ward
In city or town where	2	if death occurred in a hospital or institution, give it NAME instead of street	et and number)
CO -	death occurred yrs mo	sds. How long in U.S. if of foreign birth?yrs	ds.
cua	s hayner	-	
0. 27	(Usual place of abode)	St., Ward.	******
AND STATIST	ICAL PARTICULARS	If nonresident give city or tow MEDICAL CERTIFICATE OF DEA	
OLOR OR RACE	5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH	IH
thete	OR OLVORCED (cwrite the word)	Belsy 17	193 🛠
divorced	- 100	(Month) (Day)	(Year)
makelle	O Garagell	1 HEREBY CERTIFY. That I ette	ended deceased from
20	a commerce	trut 10 ,1934, 10 Feb 1	7 1934
, day, and year)	en 30-1860		3-4; death is sald
Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
or particular one, as SPINNER,	no hauter	Cellsal Mmorrhage	
KEEPER, etc.	arjanae	(apoplery)	2-10-39
as SILK MILL, IK, etc			
worked at (month and	11. Total time (years) spant in this		
	occupation	DILL COLD COLD	
wn)		Dther Coatributory Caases of importance: - Orters - acleration -	1920.
100	n Ca		2.7.2.0.,
Lain (hannell		
r town)	20	Name of operation Nove	of
y)	1a	and the same of th	e an autopsy? Mo.
Xarah	Jalach	23. If death was due to external causes (VIOLENCE) fill in also the foll	
r town)	1 p	Accident, suicide, or homicide? Date of Injury	
y)	10	Where did injury occur?	
rah UC	Channell	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) IC PLACE.
4 East	okis al		
R REMOVAL	Behung ou	Manner of injury	
- Marin	Date - 1937	Nature of injury	
u G	lerich	24. Was disease or injury in any way related to occupation of deceased	17
05 Car	leaves of	If so, specify	
EN M	Mogrense	(Signed)	M. D.
Y X//	Registrar.		ml.
If more b	planks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

20. FILED ... 21

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHURAU-V. St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			13112/112

1. PLACE OF DEATH	MARTLAND	CERTIFICATE OF DEATH	1269
County Balton		Registration Dist. No.	
Village or City Jynus Length of residence in city or town where death	1. (No. St., St., f death occurred in a horpital or institution, give its NAME instead of street and n s. How long in U.S. if of foreign birth? yrs. mo	
2. FULL NAME jósychis (a) Residence: No. Synd	in Coffiell (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7,6, 28 (Month) (0ay)	, 193 / (Year)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended of 746, 24 1934, to 746, 385	jeceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 7 4 / 0	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Combrat Stemontal	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Carribrat vumonnage	1934
12. BIRTHPLACE (city or town) Bults (State or country)	60	Other Coutributory Causes of importance:	**********
13. NAME John 6 of 14. BIRTHPLACE (city or town) Beiling (State or country)	ill o 60	Name of oparation Date of	
		What test confirmed diagnosis? Was there an at	
16. BIRTHPLACE (city or town) Ballo (Stata or country)	to Go	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Date of injury Where did injury occur? (Specify city or town, county and State	, 19
17. INFORMANT (Address) Less Less Less 18. BURIAL, CREMATION, OR, REMOVAL Place Mt. June	md Date Mar. 2, 1934	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA Manner of injury Nature of injury	· · · · · · · · · · · · · · · · · · ·
19. UNOERTAKER A Solution Solution 19. UNOERTAKER A Solution 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Sono Mill.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	M O
LUE TIELDOMINIONETO TO Many 19 Vonfamente de de de	Regional	(Address) Proshostown Ind	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-6
County Balto	Registration Dist. No.
Village or City) owsou	No. St, Ward
Length of residance In city or town where death occurred 77 yrs, 57 mo	If death occurred in a hospital or institution, give its NAME instead of street and number) s. Z2_ds. How long in U.S. if of foreign birth?yrsmosds.
01. 10	
(a) Residence: No. 205 E. Susanchana	Prince Wood
(Usual place of abode)	MESt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word) wasowed,	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowad, or divorced Charles Richard Concy (or) WIFE of Widow Ed	22. I HEREBY CERTIFY That I attended deceased from 20, 1934, to Hell 22, 1935
6. DATE OF BIRTH (month, day, and year) Oct 1 /1856	I last saw her aliva on Bed 22 19.34; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on tha date statad above, at 9.06 m.
77 4 22 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, atc. Prousewife.	Cerebral Ihrombosis Jan 2-6
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	1 Feb 22
10. Date dacaased last worked at this occupation (month and spant in this	I aralysis of right leg !
12. BIRTHPLACE (city or town) Carrell Co	Other Contributary Causes of importance:
(State or country)	arlerio Orlevas.
13. NAME Severy Source 14. BIRTHPLACE (city or town) Source	
14. BIRTHPLACE (city or town) Johnson	Name of operation Date of
(State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME Configuration 16. BIRTHPLACE (city or town) Luxhuroux	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
Fdam Pour	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A GUN COULT	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Laplan Date Tel 7.3, 1934	
19. UNDERTAKER W C Po solo & S.	24. Was disaasa or injury in any way ralated to occupation of dacaasad? NO
(Addrass)	If so, specify
20. FILED Meb. 24, 1934 / 12 1. Bully	(Signad) Louisier (a. Quest. M.D.
Llk Registrar.	(Addrass) Lockey Sville Sid.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

		d)		
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	n of	hould	000	
	r ite	S	jo :	
	Every	NVI	ment	
	RB(YSIC	state	
DITCHE TO THE PROPERTY OF THE	ECO	PH	Kact	
	IT R	LY.	Œ.	
5 17	NEN	CTI	ifeed	
777	RMA	VX	class	
7	PE	d E	erly	icate.
7 7	IS A	state	prop	TION is very important. See instructions on back of certificate.
1	HIS	pe	þe	o jo
TAAT	T	plno	may	back
2	INE	E sh	at it	ou s
7	ING	AG	the th	tions
TIDA	FAD	lied.	ms, s	struc
7 7	NO	ddns	n ter	ee in
	TI.	ully	plain	t.
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	TE	n sh	SE O	is
	WR]	natio	VAUS	LOI
	B.	H	_	
	ż			

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	1271
1. PLACE OF DEATH		<u> </u>	1011
County Dalls		Registration Dist. No. 33	1
Village or City Hear Rush	ustown	NoSt.,	Ward
Length of residence in city or town where d	eath occurredvrsmos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	l number)
2. FULL NAME Baby	вилам		
(a) Residence: No.	June	04 W1	
(a) Residence. No.	(Usual place of abode)	St., Ward. If nonresident give city or town an	nd State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4
temale thite	Single	(Month) (Day)	(Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	_	22. HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	Itellbom Feb. 24,193	liest sawhert allower Althorn 19	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7	,
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		, , , , , , , , , , , , , , , , , , , ,	Oate of onset
SAWYER, BOOKKEEPER, etc.		0-1-101.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Nine	J bellow	
O 10. Date deceased last worked et	11. Total time (years)		
this occupation (month and year)	11. Total time (years) spant in this occupation		
B. Ita	Co	Other Cantributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)			
13. NAME Earl 6 un	AIM.		
14. BIRTHPLACE (city or town) Ball	to fity	Manual	
(State or country)		Name of operation	
15. MAIDEN NAME Emma	mactilk.		
15. MAIOEN NAME LINE 15. MAIOEN NAME LINE 16. BIRTHPLACE (city or town). Ball	to lety	23. If death was due to external causes (VIOL ENCE) fill in also the followin Accident, suicide, or homicide?	
State or country)		Where did injury occur?	, 13
17. INFORMANT Earl 6 u	rsey.	(Specify city or town, county and Str Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address) Kustinston	in Mid	***************************************	
18. BURIAL, CREMATION, OR REMOVAL	Date Feb. 24 1934	Manner of injury	
Place V roud Redge	Date/	Nature of injury	
19. UNDERTAKER & line & CAddress Rustinstown	Jons M.J.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO 726 24 , 19 34 D	meledy)	(Signed) frames of spaffell	M. D.
If more b	Registrar.	(Addross)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Ballo	Registration Dist. No. 30
Village or City Calonnelle	No. Ohel- Home St. Ward
(If Length of residence In city or town where death occurredyrs3mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. Howlong ih J. S. if of foreign birth?yrsmosds.
2. FULL NAME Barbara Elizabeth D	amm
(a) Residence: No. Laurel Md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. Lif married, widowed, or divorced	21. DATE OF DEATH J.b. 18 193 4 (Month) (Day) (Year)
(or) WIFE of Henry H. Domn.	22. I HEREBY CERTIFY. That I attended deceased from because 1933 to 18 1934
6. DATE OF BIRTH (month, day, and year) Marab. 1846	I last law h_ day alive on Feb 16, 19.34; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Data of onsat
kind of work done, as SPINNER, Housewite	Chrones my varsiles 3 mos
9. Industry or business in which work was done, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 0. Occupation	U
12. BIRTHPLACE (city or town) Dattemore, Mo. (State or country)	Other Contributory Causes of importance:
13. NAME Peter Beck.	
13. NAME Peter Bek. 14. BIRTHPLACE (city or town) Garmany (State or country)	Neme of operation Date of Was there an autopsy? Management of the property of the
15. MAIDEN NAME UNKnown.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
17. INFORMANT Julia Schotfer, (Address) 1308 Entan Place Toeffor Idd.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fulton, Nd Date Feb 20, 1934	Nature of injury
19. UNDERTAKER La Ditt Benaldera)- (Address) Aural, Md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Feb 18, 1934 Marshall Blood Registrar.	(Signed) Marshall B Wist M. D. (Address) Catonnulle Mod
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	B	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

517	ALE O	F MAR	YLAND-	CERTIFICATE OF DEATH	73
1. PLACE OF DEATH	,			- Re 2 1	
County 1Da	ltur	nox	Tanananan	Registration Dist. No.	
Village er City &	aton	svill	ر (ii	death occurred in a horpital or institution, give its NAME instead of street and num	Wai
Length of residence in city or	town where de	eath occurred 2	()_yrsmos	ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME (uthe	my &	Darme	~	
(a) Residence: No. 6	22	(Usual place	ACC	St., Ward. Baltinon If nonresident give city or town and Sta	le
PERSONAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR O	R RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Tels-8	34
5e. If merried, widowed, or divorced	acce	un	960	(Month) (Day)	(Year)
HUSBAND of	inel	,		22. I HEREBY CERTIFY, Thet I attended deco	eased fro
	inge	2	1884	duy 13 , 19 3, to 2 chy 8	1934
6. DATE OF BIRTH (month, dey, and		when	our	I last saw ham elive on 7 5 6 193 4, de	eath is sa
7. AGE Years	Months	Days	If LESS than I day,hrs.	to heve occurred on the date steted above, atm.	
501	?	?	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate ot onsa
8 Trade, profession, or particular kind of work done as S	llar PINNER	0 . /			ate ot ons
kind of work done, as S SAWYER, BOOKKEEPER,		rente	~	206 or Freumonea 4	1
9. Industry or business in whi work was done, as SILK SAW MILL, BANK, etc	MILL,	wkn	non/		
			me (years)		
10. Date deceased last worked this occupation (month e year)	nd	spen	t in this		
aug	3	, , ,		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	2	- 6 1			
	ree		/	Lose Condition :	de
13. NAME 14. BIRTHPLACE (city or town).	mx	acout a			
14. BIRTHPLACE (city or town). (State or country)	0			Name of operation Date of	
	yre	ece		What test confirmed diegnosis? Wes there an au'or	osy?
15. MAIDEN NAME	Ku	aver		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town).		7		Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Gr	occe	10	Where did injury occur?	
17. INFORMANT (Address) (9.2)	han !	Jam	er On	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMO	VAL.	apero	4		
Place Merring Afor	exited 1	Date d	19 1934	Manner of injury	
	4	- 17	1 //	Nature of injury	
19. UNDERTAKER AREA (Address)	9 Vc	midle	alp /Vo	vas disease or injury in any wey related to occupation of deceased?	O
(Address)	2000	90 min	yu.	If so, specify	
20. FILED 7 19.5	4	10 fleet	rese	(Signed) Utility Consett	M.
/	RVIA	ww	Registrar.	(Address)	1

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 2 1934	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

			OF MAR	YLAND-	CERTIFICATE OF DEATH 012	74
1.	PLACE OF DEA	TH			(15%)	. /
	County	enmo	ul.		Registration Dist. No	<u> </u>
	Village or City	ssey	·	(16	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
115	Length of residence in c	ity or town where	leath occurred		sds. How long in U.S. If of foreign birth?yrs	
2.	FULL NAME Le	Jalsy 1	Boy M	agrid.		
	(a) Residence: No	Esker	(Usual place	of abode)	St., Ward. If nonresident give city or lown and	State
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	1. COLO	OR OR RACE		RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 4 (Year)
	married, widowed, or dive HUSBAND of (or) WIFE of	orced			22. 1 HEREBY CERTIFY That I attended	deceased from
6. D/	ATE OF BIRTH (month, da	y, and years	el=11-	-34	I last saw h 2000 alive on 1935	(; death is said
7. AG	GE Years	Months	Deys	If LESS than 1 day,hrs. or J.O.min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profession, or p kind of work done, SAWYER, BOOKKE	as SPINNER.	1	, 0.0-0-11111	Mematine	Date of onset
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	n which				
000	O. Data deceased last wo this occupetion (mo year)	rked at onth and	11. Total ti sper occu	me (years) It in this Ipation		
12. B	IRTHPLACE (city or town) (State or country)	Ess	ex		Other Contributory Causes of Importance:	
2	13. NAME Full	inia a	Vani	1.		-
FATHER	4. BIRTHPLACE (city or to	own) Les	mann	1-:	Neme of operation	
ER	5. MAIDEN NAME	in the	Jahn		What tast confirmed diagnosis? Was there an	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)		23. If death was dua to external causes (VIOL ENCE) fill In also tha following: Accident, suicida, or homicide? Whera did Injury occur?				
17. INFORMANT (Address)		(Specify city or town, county and Sia Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Morelando Date 26. 14, 193 4		Manner of injury				
19. UNDERTAKER Somelly (Address)		24. Was disease or Injury in any way related to occupation of deceased?				
20. F	46.5	1934 Joli	in Golon	Registiar.	(Signed) And Alekania Male	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	11	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(or) WIFE of 1850 Normulu 20, 1933, to Filmery 2, 1954	1. PLACE OF DEATH	(13)
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. 2. FULL NAME # Langth of July 3 in the Control of the Caster of th	County Raltimore	Registration Dist. No. 37
(a) Residence: No. (Umajplace of abods) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCEO (symic the word)	(if	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Unstplace of abodo) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SHIGLE, MARRIED, WIDOWED ORD BIVOTRES (Griter to word) S. H. Harried, widowed, or divorced Ord Wife of Shill Control		gs. How long in 0.5. It of foreign birth?yrsyrsmosgs.
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HUSBAND of cor will do moths 5. DATE OF BIRTH month, by, and year? 7. AGE Years Whoths 1 day 1 last saw h alive on	male White OR DIVORCED (guinte the word)	February 2 193 4
7. AGE Years Months Days If LESS than 1 day,	5a. If married, widowed, or divorced HUSBAND of Mildred Hood Lo arves.	1 HEREBY CERTIFY, That I attended deceased from
8. Trade, profession, or perticular kind of work done, as SPINNER. Farmer. 9. Industry or business in which work as a self-like. For Self. SAWYER, BOKKEPER, etc. 10. Date deceased last worked at this occupation (month and social interpretation). Separation into separation. S	6. DATE OF BIRTH (month, day, and year)	P 410
8. Trade, profession, or perticular Reference of the profession of		
8. Trade, profession, or perticular kind of work doe, as SPINNER, Harman SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, for L. Self. 10. Date deceased last worked at this occupation (month and seems of this occupation occupation) 12. BIRTHPLACE (city or town). Battanas bity (State or country) 13. NAME HELLY LOAWED 14. BIRTHPLACE (city of town). Battanas bity (State or country) 15. MAIDEN NAME Elizabeth Phillips 16. BIRTHPLACE (city of town). Battanas bity (State or country) 17. INFORMANT MILDRAL HOOL Date of (State or country) 17. INFORMANT MILDRAL HOOL Dates Hollips 18. BURIAL, CREMATION, OR REMOVAL Grant Battanas bity (Address) 19. UNDERTAKER John Burne forms 19. UNDERTAKER John Burne forms 19. UNDERTAKER John Burne forms 20. FILED Feb. 3 1, 19.4 William John Loads (Signed) 9. Man. D		ware as follows:
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17. INFORMANT Millar and Hoose Authority (Address) Latheralle Statements Hoose Manner of injury Place William Burns form 19. UNDERTAKER John Burns form (Address) Toward Manner of injury 19. UNDERTAKER John Burns form (Address) Toward Manner of injury in any way related to occupation of deceased? NO (Signed) (Signed) M. E. (Signed) M. E.	(State or country)	Where did injury occur? (Specify city or town, county and State)
Place Will allimates Date Hely 5 1984 Nature of Injury 19. UNDERTAKER John Burns fons (Address) Jowson Md. 20. FILED Feb 3 14 1994 William Ibhil Lout (Signed) 6 (Signed) M. E.	7 77 1 1 1 1 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER John Burne fons (Address) Towon Md 18 to, specify (Signed) G (Signed) M. D (Signed) M. D	Place Hist Minuter Date Herr 2 1954	
20. FILED. Feb 3 rd 1994 William I Chil Cout (Signed) 6 6 M. D.		24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Feb 3 rd , 1934 William I Chil coat	(Signed) 6 C C MAN M. D

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
N. B	1	7	1

5 I A I E OF MARYLAND—	CERTIFICATE OF DEATH 2 01276
R	107-0
	Registration Dist. No.
Village Dr City	NoSt,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city outown where death occurred 3 - yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & MINE & Sell	
(a) Residence: Np. Alexandro	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I It Manued	(Month) (Day) (Yeer)
5a. If married, widowad, or divorced HUSBAND of	22. O HEREBY CERTIFY That I ettended deceased from
(or) WIFE of John M. Dell	Less 1033 to Fit 1034
6. DATE OF BIRTH (month, day, end year) May 19 1862	I last tow h delive on the last said
7. AGE Years Months Deys If LESS than	to have occurrad on the date stated above, at 8 2 m.
71 7 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:
8. Trada, profession, or particular	Date of oneet
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9-Industry or businass in which	Ceretralarterioschrosis
work was done, as SILK MILL, SAW MILL, BANK, etc	
U TD. Date daceased last worked et 11 Total time (vesce)	
this occupetion (month and yeer) spent in this occupetion	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(Stata or country)	Bronch men Tola
13. NAME James Stanffield	
13. NAME Stanfiell 14. BIRTHPLACE (city or town)	Neme of oparation Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Sarah E. Cook	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Sarah & Cooke 16. BIRTHPLACE (city or town) SA	Accidant, suicide, or homicide? Data of injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Jolen H. Bell	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Woodstock Md. 18. BURIAL, PREMATION, OR REMOVAL)	
profact as chapselose Jel 9 134	Manner of injury
1	Neture of Injury
19. UNDERTAKER (Address)	24. Wes disease a injury in eny way related to accupetion of deceased?
5/c/ 34 pp. 19 1/5	If so, specify for a factor
20. FILED Registrar,	(Signad) M. D.
If more blanks are model allow Son B	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	IRTHER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01277
1. PLACE OF DEATH	92-0
County Daltimor	Registration Dist. No.
Village or City Catonsulle	No. Abrung War War (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town whera death occurred 2 yrs. O m	os. 10 ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Malinda De We	
(a) Residence: No. York Road new (Usual place of abode)	Tarstynn Horb Baltimore, M. II nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Felin 20 1934
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Line le	22. I HEREBY CERTIFY, That I attended deceased fro
1864	Tely 10 ,1932, to 20, 1930
DATE OF BIRTH (month, day, and year)	I last saw hear aliva on 7 20, 193 &; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12
ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: Data of ones.
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	mitral Insufficiency 6m
Tindustry or business in which work was dona, as SILK MILL,	10.7
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	
BIRTHPLACE (city or town) althur	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town)	- Kemplegen 3 da
13. NAME	Paralysis.
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LENKINGER	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
(Address) 703 Court So. Alde	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Journal Jean Date Jak 1953	Nature of Injury
O. UNDERTAKER John J. Holey Lyn (Address) 121/0 John J. J.	24. Was disease or injury in any way related to occupation of deceased? Po
D. FILED 1/21 19. All Sullies	(Signed) WB4. 2. James M.
Registrar.	(Address) a formantle med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	-15.17
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1 2	. 1	5)	may	0
U		2	6	0

1. PLACE	OF DEATH			93-0	1 -
County	Baltimore			Registration Dist. No. 32	
	City Eccleston	daath occurred		No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U.S. if of foraign birth? yrs. r	
2. FULL N	AME George P.	Dillhofe	r		
	ence: No. Pk. Hts.		leston, Md	St., Ward. If nonresident give city or town an	d State
PERSO	NAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. color or race White		RIED, WIDOWED, (write the word)	21. DATE OF DEATH February 9 (Month) (Day)	, 193 4 (Year)
5a. If merried, wide HUSBANO of (or) WIFE of		Dillhofe	r	22. I HEREBY CERTIFY, That I attended Several years 19 to Feb. 9	d dacaasad from
6. DATE OF BIRTI	H (month, day, and yaar)	Unknown	1863	I last saw h.im alive on Fe b. 7 1934	,
7. AGE Y About 7	ears Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 5.30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Pate of onset Sudden
9: Industry of work w SAW M 10. Date decerthis on yaar)	work dona, as SPINNER, R, BOOKKEEPER, etc. r businass in which vas dona, as SILK MILL, ILL, BANK, etc. asad last worked at cupation (month and 34 city or town) Eastern	11. Total til spen occu		Other Coatributory Causes of importanca: Myocarditis	Several
(State or co					years
(State	CE (city or town) Mathai or country) Germany		er	Name of operationNone Date of What tast confirmed diagnosis? Clinical Was there an	
	CE (city or town) or country) GETMA	ny		23. If death was due to axtarnal causes (VIOLENCE) fill in also the followin Accident, suicida, or homicide? Date of injury Where did injury occur?	•
	Eccleston, Md ATION, OR REMOVAL	•	12 24	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.
19. UNDERTAKER	ster Cemetery stertown, Md. Frank H. Newel Pikesville, Md		7)	Natura of injury 24. Was disaase or injury in any way related to occupation of dacaased? If so, specify (Signed)	No
20. FILED MAY	11 1934	1001	Megistrar.	(Signed) Pikes ville, Md.	M. D.

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Example 1			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes s follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 wcck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	West o 1885	3 days ago
			UFCELAED	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

STATE OF MARYLAND—CERTIFICATE OF DEATH

Proble White OR DIVORCED (write the word) e. If merried, widowed, or divorced HUSBAND of (or) WiFE of DATE OF BIRTH (month, dey, and year) DATE OF BIRTH (month, dey, and year) AGE Years Months Deys If LESS than I dey	1. PLACE OF DEATH		1
Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town where daeth occurred. Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH Length of foreign birth? Length	County Ballimir		Registration Dist. No. 33
2. FULL NAME Charles Transland State (a) Residence: No. (Unualplace of abode) (b) St., Ward. (If nomesident give city or town and State PERSONAL AND STATISTICAL PARTICULARS (c) St. (St. (Month) (Death of Death of De	7,000	4 m	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED Corrie the word) S. SEX 4. COLOR OR RACE OR DIVORCED Corrie the word) S. HERE BY CERTIFY Thet 1 stiended deceased from to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted ebove, et al. 19.3% (deeth is seid to have occurred on the dete steted	Length of residence in city or town where	yrsmo	ds. How long in U.S. if of foreign birth?yrsmos
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED Contrict the word) 1. DATE OF BIRTH (month, dey, and year) DATE OF BIRTH (month, dey, and year) DATE OF BIRTH (month, dey, and year) DOING TO CONTRICT OF DEATH 1. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 19. Data deceased last worked at this occupation month end year) Self-or country) 11. Total time (years) spent in this occupation month end year) Date of operation.	2. FULL NAME Charles	ankling.	Doll
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE White OR DIVORCED (write the word) OR DIVORCED (write the word) Fig. 1. DATE OF DEATH 1. DA	(a) Residence: No.	lace of abode)	
Proble White OR DIVORCED (write the word) e. If merried, widowed, or divorced HUSBAND of (or) WiFE of DATE OF BIRTH (month, dey, and year) DATE OF BIRTH (month, dey, and year) AGE Years Months Deys If LESS than I dey. hrs. or min. SAWYER, BOKKEPER, etc. J. Industry or business in which work as done, as SPINNER, SAWYER, BOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month end yeer) 22. HER EBY CERTIFY Thet I attended deceased from to have occurred on the dete steted ebove, etc. Pm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows: Date of onest this occupetion (month end yeer) 23. List saw h. 2 alive on S. List with a self-deceased last worked at this occupetion (month end yeer) Date of onest this occupetion (month end yeer) Dother Contributory Causes of importance: 14. BIRTHPLACE (city or town) Cause of operation. Date of Name of operation. Date of	PERSONAL AND STATIST	RTICULARS	MEDICAL CERTIFICATE OF DEATH
e. If merried, widowed, or divorced HUSBAND of (or) WIFE of 22. THEREBY CERTIFY Thet I attended deceased from 1934 to 20, 1934 DATE OF BIRTH (month, dey, and year) Courses 26, 1932 AGE Years Months Deys If LESS than I dey, hrs. or min. 28. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEPPER, etc. 29. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end yeer) Date of operation. 28. BIRTHPLACE (city or town) Catalogue Courselon (state or country) 19. Marke Charles Date of perticular country (State or country) 19. Marke Charles Date of perticular country (State or country) Name of operation. Date of	3. SEX 4. COLOR OR RACE Trule white	RCED (write the word)	Jek 25 1932
(or) WIFE of DATE OF BIRTH (month, dey, and year) AGE Years Months Deys If LESS than I dey, hrs. or min. S. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEFPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, SAW M	5e. If merried, widowed, or divorced	1	
DATE OF BIRTH (month, dey, and year) AGE Years Months Deys If LESS than I dey,hrs. ormin. 8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation month end yeer) Date of operation Dither Contributory Causes of importance: 11. Totel time (years) spent in this occupation Dither Contributory Causes of importance: 14. BIRTHPLACE (city or town) Date of operation Name of operation Date of operation Name of operation Date of operation	(or) WIFE of		1 + 1 10 h./ · / h
AGE Years Months Deys If LESS than I deyhrs. ormin. 1 9 0rmin. 8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupetion (month end yeer) 2. BIRTHPLACE (city or town) Beliance Co (State or country) 13. NAME Charles Doll. 14. BIRTHPLACE (city or town) Chiralles Good Name of operetion. Name of operetion. Name of operetion. Name of operetion. Date of onset to have occurred on the dete steted ebove, et 3 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows: Date of onset to have occurred on the dete steted ebove, et 3 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows: Date of onset to have occurred on the dete steted ebove, et 3 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows: Date of onset to have occurred on the dete steted ebove, et 3 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows: Date of onset to have occurred on the dete steted ebove, et 4 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importance Date of onset to have occurred on the dete steted ebove, et 4 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importance Date of onset to have occurred on the dete steted ebove, et 4 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importance Date of onset to have occurred on the dete steted ebove, et 4 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importance Date of onset to have occurred on the dete steted ebove, et 4 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importance Date of onset to have occurred on the dete steted ebove, et 4 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importance Date of onset to have occurred on the dete steted ebove, et 4 pm. Tha PRINCIPAL CAUSE OF DEATH end releted ceuses of importance Date of onset	C DATE OF BIRTH (month de la	1. 1931-	P. L. S. C. S.
A. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end yeer) 2. BIRTHPLACE (city or town) 13. NAME Charles Doll 14. BIRTHPLACE (city or town) Citate or country) Name of operation Date of onset Were as follows: Date of onset Were as follows	the state of seatth (month, co); and job;		, , , , ,
8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupetion (month end yeer) 2. BIRTHPLACE (city or town) 13. NAME Charles Doll 14. BIRTHPLACE (city or town) Citate or country) Date of onset Date of onset John Countributery Causes of importanca: 3.4.1.5 Name of operation Date of onset Name of operation Date of onset Date of onset	1 1 5-	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end yeer) 2. BIRTHPLACE (city or town) (State or country) 13. NAME Charles Doll 14. BIRTHPLACE (city or town) Category Country Name of operation Date of	R Trada profession or perticular	ı ormın.	were as follows:
2. BIRTHPLACE (city or town) Beliance Co (State or country) 13. NAME Charles Doll 14. BIRTHPLACE (city or town) Chiralles Good Name of operation Date of	kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	-	Loberta minimus
2. BIRTHPLACE (city or town) Beliance Co (State or country) 13. NAME Charles Doll 14. BIRTHPLACE (city or town) Chiralles Good Name of operation Date of	9. Industry or business in which		
Description Descr	SAW MILL, BANK, etc.		7.1
2. BIRTHPLACE (city or town) Beliance Co (State or country) 13. NAME Charles Doll 14. BIRTHPLACE (city or town) Chiralle York Co Name of operation Date of		spent in this	
(State or country) 13. NAME Charles Doll 14. BIRTHPLACE (city or town) Charles Good Name of operation. Date of		occupation	Other Contributory Causes of importanca:
13. NAME Charles & oll 14. BIRTHPLACE (city or town) Cincelles Good Consequence Date of	12. DIKINFLACE (City of town)		
14. BIRTHPLACE (city or town) Civille Gard Co Name of operation Date of	1 41 0		Marsh
	E C	.10	
	(Stete or country)	fur L Co	
what test confirmed diagnosis? Wes there en eulopsy?			What test confirmed diagnosis? Wes there en eutopsy?_
23. If deeth was due to axternel ceuses (VIOLENCE) fill in elso the following:		1	
16. BIRTHPLACE (city or town) Currelle Grant G. Accident, suicide, or homicida? Dete of injury 19 (Stete or country) Pa.	5 16. BIRTHPLACE (city or town)	gun a	
(Specify city or town, county and State)	7-01 0		(Specify city or town, county and State)
7. INFORMANT ACCOUNTS AND Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	17. INFORMANT	, h. d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	- rea	Mannar of intury
Place Me Caroline gull Date + de 18, 1934 Nature of injury	Place Me Kenden gul	L 18 1934	
9. UNDERTAKER P. Markemidden 24. Wes disease or injury in any wey related to occupetion of decaesed? The	19. UNDERTAKER P. Markem		24. Wes disease or injury in any wey related to occupetion of decaesed?
(Address) while Hell, has If so, specify	(Address) white Hill	() -	The state of the s
0. FILED Tet 27, 1984 Agelista Contrar (Signed) Within Office M. D. Registrar. (Address) White Hall	20. FILED 7 4 27, 195 4 29	Registrar.	1-1-1-10

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Julyő,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should state of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

1. PLACE OF DEATH	17250
County Dalling	Registration Dist. No.
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of testdenca in city of swin where death occurred yrs	St
2. FULL NAME	
(a) Residence: No. Fr as (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ON ale Oskile 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word) Divorces	21. DATE OF DEATH Thek (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Horenee Doll	1 HEREBY CERTIFY, That I attended deceased from 1933, to Tel. 1934
6. DATE OF BIRTH (month, day, and year) DEC14 / 1973 7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on tha data stated abova, at 44 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	artero Sellenais - Stro
9. Industry or businass in which work was dona, es SILK MILL, SAW MILL, BANK, etc	Cente Dilitakan of Heart. 2 hours
10. Oate decaased last worked at this occupation (month and 1982 11. Total time (years) spent in this year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
13. NAME lut (now	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Pluncel Was there an autopsy?
15. MAIOEN NAME Plank now	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?
17. INFORMANT Phys Grace Rider (Addrass) Fix as Mr. 8	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ma Die Chapac de Oate Freb 18 11, 1934	Manner of Injury
19. UNDERTAKER Work Revolus 480m (Address) Sharks mid	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Feb. 16 1934 Mm/J. Schilcoal Registrar.	(Signed) John H. Drach (Address) Coekeysing M.D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1981
1. PLACE OF DEATH	23
/ County Baltimore	Registration Dist. No. X 88
Village or City EUDOWOOD SANATORIUM, TOWSON,	MDND. \$t, Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 30 ds. How long In U.S. If of foreign birth?
2. FULL NAME Janice Datin	
(a) Residence: No. 4207 Roland and	st Ward Ballymon, Ma,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fewal 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February, 9, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dana Doten	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) February 26, 1907	Hast saw h. A. alive on Fiftuary 9 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, and the mean of the date stated above, and the mean occurred on the date stated above, and the mean occurred on the date stated above, and the mean occurred on the date stated above, and the mean occurred on the date stated above, and the mean occurred on the date stated above, and the mean occurred on the date stated above, and the mean occurred on the date stated above, and the date occurred on the date occurred occurred on the date occurred occurred on the date occurred occurred occurred on the date occurred occurre
26 11 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Piliman Tubucubesis Way 193
kind of work done, as SPINNER, Howevery SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation worked at this occupation worked at this occupation worked at this occupation worked at	Tuterculous Enlentes May 15:
10. Date deceased last worked at this occupation more and 1933 11. Total time (years) spent in this occupation 3 4600	Tubererlaus Pentontes May 19
12. BIRTHPLACE (city or town) Reclined (State or country)	Other Coutributory Causes of Importance:
E O'- W	Para Diagram
(State or country)	What test confirmed diagnosis? X Pluy Was there an autopsy? AQ
15. MAIDEN NAME Mariea Roberson 16. BIRTHPLACE (city or town) St. albins	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) St. Albins (State or country)	Accident, suicide, or homicide?
Hospital RecordsPersonal History	Where did injury occur? (Specify city or town, county and State)
Ludawaod Sana torium, Towson, Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAK, CREMATION, OR REMOVAL	Manner of injury
Piacollety out 1/1 Date they 10, 1934	Nature of injury
19. UNDERTAKER Thy O Mitchell & Sono (Addips) 1900 Centair Place	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fab. 9, 1934 Won P Butles Registratory	(Signed) Towson, Md. M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	i	Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BLUBBALL S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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of OCCUPA-

1. PLACE OF DEATH	(ILAND	CERTIFICATE	OI DEA	u U	1282
County / Saltu		(40)	Registration D	liet No. 37	>
Village or City Cocice y Lows Length of residence in city or town where death occurred	66 yrs. 4 mos	No. death occurred in a hospital or justitut S. How long in U.S. if o	tion, give its NAME	St.,	Ward number)
2. FULL NAME Mary Vola	Drach				
(a) Residence: No. Cockey or (Usual place	wille R720 M	St., Ward.	If nonresident g	give city or town and	1 State
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
OR DIVORCE	RRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	Feb	1200	. 193 4
Jewisle While ma	errol		(Month)	(Day)	(Yeer)
HUSBAND of John H, Drach C	1866		1934 to Fres		. 19_3
7. AGE Years Months Days	If LESS than	to have occurred on the date state			. 000111 13 3010
66 4 19	1 day, hrs.	The PRINCIPAL CAUSE OF DEAT were es follows:	'H and related cause:		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		The state of the s	farm a	a.l.	Frele 18 th 34
this occupation (month and 0 // 6 sp	I time (years) pent in this so	Other Contributory Causes of impo	ortance: newaly	gia of The	
	nearyland	Hearh, (Drath	Saday-	-	10 numsas
13. NAME de sias mallones					
13. NAME Action Male ones 14. BIRTHPLACE (city or town) (State or country) 7 also Co	and	Name of operation What test confirmed diagnosis?		Date of Was there an	autopsy? a. i
15. MAIDEN NAME MarTha & Frac 16. BIRTHPLACE (city or town) Ballo Co (State or country) many 17. INFORMANT John H. Brack (Address) Corresponder	and ma	23. If death wes due to external cau Accident, sulcide, or homicide? Where did injury occur? Specify whether injury occurred in	(Specify city or t	Date of injury	, 19
18. BURIAL, CREMATION, OR REMOVAL	cle 24,1904	Manner of injury			
19. UNDERTAKER If on la Brown 1800. (Address) Sparks mix		24. Was disease er injury in any w	ray related to occupa	tion of deceased?	no
20. FILED Febr. 2-2 , 1924 St. Drac	le Me D Registrar.	(Signed) (Address)	ock sus w	the gard	M. D.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 61982
1. PLACE OF DEATH	21)
/ County Baltimore	Registration Dist. No. 9
Village or City_EUDOWOOD_SANATORIUM, TOWSON,	MD. Registration Dist. No. 12
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	A
2. FULL NAME Scares William &	hermi
	Bookland
(a) Residence: No. 3033 Full Walplace of abode)	/SCILLED WATER
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
may July Sinele	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of	//
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
h / 100 16 5 C	19.74, to 16 , 19.34
6. DATE OF BIRTH (month, day, and year) Much 13, 1708	Plast saw h elive on flow (, 193 4; deeth is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et. 8:35 Pm.
0rmin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, kind of work done, kind of work d	Date of onset
SAWYER, BOOKKEEPER, etc.	Culmoners tubercularies NaV.
Mork was done, as SILK MILL,	111
SAW MILL, BANK, etc.	1622
this occupation (month and spent in this	7-7-7-3
year) (Asist May 1733) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lellinsul Mi	Other Conditions of Importance,
(State or country)	
13. NAME Scarge Therwin	
14. BIRTHPLACE (city or town) - Balling had	Name of a subtle
(State or country)	Neme of operation Date of
15. MAIDEN NAME AND AMBERIAS PER	What test confirmed diagnosis? Wes there an eutopsy?
n to la la	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Dallixuay My (State or country)	Accident, suicide, or homicide? Date of injury, 19
Hospital Records Personal Records	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Eudawaad Sanatorium, Towson, Md.	
18. BURIAL, CREMATION, OR REMOVAL & 1/9/13/4	Manner of Injury
Plece Justin Car Date 16 7 70 711	Naturé of injury
19. UNDERTAKER NM - Cook	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) / 1/1 / A A and Mr	If so, specify
on such the 16 male of m Days of	(Signed) My Midged M. D.
20. FILED & P. 1984 Registrar.	(Address) Towson, Md.
	,

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

RESERVED

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Example I	94	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
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BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 013	285
1. PLACE OF DEATH			
County Ballewon		Registration Dist. No. 32	
Village or City Pilce ville	(II	No. St.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAME Mary & (a) Residence: No. 16 Sherry	occurred yrs mos Eliva Essep www aur (Usual place of abode)	sds. How long in U.S. if of foreign birth?yrsmos St.,Ward	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	Hate
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH Jehruar 24	193 4 (Year)
5a. If merried, widowed or divorced HUSBANO of (or) WIFE of pueff S- E	ssep	22. THEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) AGE Years Months	06-1860 Days If LESS then	I last saw h. 2 alive on 1 74 74; to have occurred on the date stated above, at 530 Pm.	death is said
8. Trade, profession, or particular	/ 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of onset
kind of work done, as SPINNER, ACSAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	lhung	Heart Jailine	Day
10. Date deceased last worked at this occupetion (month and year)	11. Total time (yeers) spent in this occupation	nothing more definite, than what is g	vex.
12. BIRTHPLACE (city or town) Calway (State or country)	Comy	Dthar Contributory Causes of importance: Wallums : Just physically	1925
13. NAME George J Fre	eland	Name of operation New Care of	
(State or country)	9	Name of operation Oate of What test confirmed diagnosis? Coursel Was there en eul	topsy?
15. MAIDEN NAME OF CHERRY	en fulles	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?Oate of injury	, 19
17. INFDRMANT Mary C Gas (Addrass) /6 Leveror	ubriel	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVALLA, Com Placa Calvert to MA D	ate 20/27 19 3	Manner of injury	
19. UNDERTAKER Chas 7 Securs (Address)	Koeral Cloth	24. Was disease or interval to any way related to occupation of deceased?	ho

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	I S A HVEd H	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1 183E 8 EVE	3 days ago
			PECEIVED	
Other contributory causes of importance:		Other contributory	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

<u> : </u>			

01286

1. PLACE OF	F DEATH altimore			Registration Dist. N	44
Village or C	ity Colgate			No. 41st. Street.W. of No. death occurred in a hospital or institution, give its NAME insteadds. How long in U.S. If of foreign birth?y	orth Pointard
2. FULL NA (a) Residen	ME Nazzarin ce: No.2800Berw		. Baltin	norse, Md Ward. If nonresident give city	y or town and State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	7 , 193 4 (Year)
5a. If married, widow HUSBANO of (or) WIFE of	ved, or divorced	XX		22. I HEREBY CERTIFY, The	
		1894 m		3777	, 19; death is sald
7. AGE Yea		Days XX	If LESS than I day,XXhrs. ormin.	to have occurred on the data stated above, at about	2.30.P.M.
9. Industry or work was SAW Mill 10. Date deceas this occu yaar) 12. BIRTHPLACE (ci (State or cou		hoe shol	D D D D D D D D D D D D D D D D D D D	Homicide. Caused by Bullet wound through Head. Other Contributory Causes of Importance:	
13. NAME 14. BIRTHPLACE (State of	(city or town)	ramoI-te	21v	Nama of operationNONE	Date of
(Stata of	r country)			What test confirmed diagnosis?	Was there on autopsy?
∑ (State or		arriotta ramo,Ita coni	aly	23. If deeth was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Homicid Bata of Where did injury occur? Colgate, Balt (Specify city or town, c Specify whether injury occurred in INDUSTRY, in HOME, or Public Road.	Injury Feb. 7,1934 O. CO.
18. BURIAL, CREMAT	TION, OR REMOVAL		1934	Manner of injury XXX Natura of injury XXX	
19. UNOERTAKER (Address)	eorge Prit	hus. &	Somelle.	24. Was disease or Injury in any way related to occupation of if so, specify (Signed (Signed)	deceased?

Registrar. If more blanks are needed, address State Righstrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage	Peritonitis	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Other contributory causes of importance	Other contributory causes of importance:	
Gallstones May 1, 1925	Gastroenteritis	1 year

1. PLACE OF DEATH County Baltimore	Registration Dist. No. 47
	" Uparisa Buo
Village or City Jansdowne	No. St., Wa (If death occurred in a hopital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosel ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Palus Paux Flau	Muer
(a) Residence: No. Ustavinia Rue	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word	The T 1937
Sa. If married, widowed, or divorced	(Month) (Day) (Year
HUSBAND of (or) WIFE of	22. JI BEREBY CERTIFY. That I attended deceased in 1934 to the last of 193
6. DATE OF BIRTH (month, day, and year) Feb 4, 1938	I last saw him stor Still boling 19; death is
7. AGE Years Months Days If LESS the	
sullosa or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular	D2(6010)
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occupation (month) and	Tremature separation
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	- Salabouta unhu
- I spelletti tilis	1
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) January (State or couply)	
13. NAME James St, Franklener	
- The state of the	Trong A. 1
14. BIRTHPLACE (city or town) Wandows (State or country)	Name of operation.
	What test confirmed diagnosis? Wes there are julopsy? Wes there are julopsy?
15. MAIDEN NAME CLEA Shaw	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs alice Faulkner (Address) Fausdowne und	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate19_	Neture of injury
18 INNERTAKED	24. Was disease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER (Address)	If so, specify
Jelak 3 4 4 1. N. 11.	(Signed) Some Mule Milliago
20, FILED 19	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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of OCCUPA.

SIAIL OF MARY 1. PLACE OF DEATH	LAND-	CERTIFICATE OF DEATH 01288		
county Baltimore		Registration Dist. No. 3.3		
Village or City P.O. Reisterstown	Md. (II	No. Mt. Pleasant Sanatorium St., Ward f death occurred in a hospital or institutioo, give its NAME instead of street and number) s. 27 ds. How iong in U.S. if of foreign birth? 28 yrs. mos. ds.		
2. FULL NAME Charles Fineble				
(a) Residence: No. 3418 Vivginia A		E, H&St., Ward. If connesident give city or towo and State		
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRI OR DIVORCED Mayrie	(write the word)	21. DATE OF DEATH February // (193 4/ (1941) (1941)		
5e. If merried, widowed, or divorced HUSBANO of Anna Fine blum (or) WIFE of		22. I HEREBY CERTIFY. Thet I attended decessed from		
6. DATE OF BIRTH (month, day, end year) April 23, 188	19	I last saw h. m. alive on Feb 11 1934; death is seid		
7. AGE Years Months Oays 4 4 9 /9	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at		
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Adv. Pulmon ary Tuberculosis October 182		
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SINDER SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked et this occupation (month and colored).	(vears)			
year) year) occupa	n this 2000	Other Contributory Causes of importance:		
(State or country) Russia				
13. NAME Morris Fineblum 14. BIRTHPLACE (city or town)				
14. BIRTHPLACE (city or town)		Name of operation		
		What test confirmed diagnosis? Wes there an autopsy? No		
15. MAIOEN NAME Mollie Shinovitz 16. BIRTHPLACE (city or town) (State or country) Russia		23. If death was due to external causes (ViOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, Where did injury occur?		
17. INFORMANT Joseph Millett (Address) Mt. Pleasant Sanatorium, Reiste	erstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
19 SURIAL, CREMATION OR REMOVAL Place Posted One 1	11.,19.34	Manner of injury		
19. UNDERTAKER SO Swins on (Addiess) 112 & 3 also	+ Bri	24. Was disease or injury in any way related to occupation of deceased?No		
20. FILEO 724 1/ , 19,3 4 JYMSLA	Registrar.	(Signed) A. F. Shrun M. D. (Address) Mt. Pleasant Sanatorium, P.O. Reisterstown, A.		
If more blanks are needed, add	ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	6 1994	July 5, 1927	Peritonitis	3 days ago
	AU V. 3-			
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01289
1. PLACE OF DEATH	(82-0)
County Ballinge	Registration Dist. No. 3a
Village or City Catourulle	No. Of the St., Ward f death occurred by a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Um 1 Fish	
(a) Residence: No. 416 n Broadwa	St. Ward Rallo Wol
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Under (west cured)	21. DATE OF DEATH Seb (Month) (Day) (Year)
Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of They helse Furk	22. HEREBY CERTIFY, That I attended deceased from 1928, to 1934
6. DATE OF BIRTH (month, day, and year) Self 3 1850	I last saw h alive on 3 4 , 193 7 ; death is sai
7. AGE Years 62 Months 44 Days If LESS than	to have occurred on the data stated above, at
84 unt Und 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	cultal Hemoral age 24 hrs
10. Data deceased last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Baltermon	Other Coutributory Causes of importance:
(State or country) 13. NAME / Leury S. Frish	Cerleio Saberosio
13. NAME Jewy S. trish 14. BIRTHPLACE (city or town) West State or country)	Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy?
15. MAIDEN NAME Mary Rosawa Mic Sharry	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Way Rosawa Mc Sharry 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Regard Off- Home	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Catherine Le Date Feb 8, 1934	Manner of injury
19. UNDERTAKER Sea a Farlang: (Address) Fultor & Farelle.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 7, 1934 mondales wish	(Signed) Marshall Blist M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

MARGIN RESERVED FOR BINDING	ED FOR BINDING	
supplied. AGE should	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	TESTAINS should st
terms, so that it may	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	statement of OCCUP.
TION is very important. See instructions on back of certificate.	of certificate.	/

N. B.—WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE O	F DEATH			93-€	01290
	CountyE	Baltimore				Dist. No. 32
	Village or	City Pikesville	9		No. 510 Reisterstown Rd. f death occurred in a horpital or institution, give its NAM	St. Ward
	Length of res	idence in city or town where	e death occurred		sds. How long in U.S. if of foreign birth?	
1	. FULL NA	MENellie-N	for Fisher			
	(a) Resider	nce: No. 510 Reis	terstown (Usual place	Rd.,	St., Ward.	nt give city or town and State
	PERSON	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICAT	
	FeMale	4. COLOR OR RACE White		RRfED, WIDOWED, ED (write the word)	21. DATE OF DEATH February (Month)	21 , 193 4 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	wed, or divorced Thomas M Fis	sher		22. I HEREBY CERTIF	Y. That t attended deceased from February 21, 19.34
6	DATE OF DIRTU	(month, dey, and year)	ec. 23	1881		21 10 34
	AGE Yes		Days	If LESS than	to have occurred on the date stated above, at 11.	
		52 I	26	f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cau	ises of importance
z	8. Trade, profession, or particular			, , , , , , , , , , , , , , , , , , , ,	Acute dilitation of hear	rt Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Housewife SAWYER, BOOKKEPER, etc. Housewife work was done, as SILK MILL, SAW MILL, BANK, etc Home 10-Date deceased last worked et this securation (month and D. O.T. 2.4) If. Total time (years)				Po	Primary, cause: Chronic, my	
					1 /	Oct. 20, 1934
000	In Date deces	sed last worked et upation (month and 2-2]	ff. Total	time (years) ent in this ife		
	10017			cupetion _=====	Other Contributory Causes of importance:	2
12.	BfRTHPLACE (c) (State or cou		imore, Md		Arterial hypertension	s yrs.
2	f3. NAME	George W.Pa	itterson		(Essential)	
FATHER					None None	
FA		E (city or town) r country)	.Un10		Name of operation None What test confirmed diagnosis? Clinical	Dete of No
HER	15. MAIDEN NA	ME Mary M.Th	rift		23. If death was due to external causes (VIOLENCE) 1	The thorough date pojitation
MOTHER		E (city or town) Martin	sburg,W.	Va.	Accident, suicide, or homicide?	
17.	INFORMANT	Thomas M.Fi 5IO Reister		ad	(Specify city of Specify whether injury occurred in INDUSTRY, in H	or town, county and State) OME, or in PUBLIC PLACE.
f8.		TION, OR REMOVAL			Manner of injury	<i>*</i>
	PlaceD	ruid Ridge	Date Feb	24 , 1934	Nature of injury	· · · · · · · · · · · · · · · · · · ·
19.	UNDERTAKER (Address)	Frank H. Newe Pikesville, N	11		24. Was disease or injury in any way related to occur	pation of deceased?nQ
20.	7/	424,1934	mic	TVUSC.	(Signed) 6. 6. Well	Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TARGIN RESERVED FOR BINDING

V. S. No. 1

Length of residence in city or town where death occurred with the country of the	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01291
Village or City Mt. Decards Sampaneum (deal of beat occurred in a hospital or institution, give its NAME instead of states and number) (deals occurred in a hospital or institution, give its NAME instead of states and number) (deals not occurred in a hospital or institution, give its NAME instead of states and number) (deals not occurred in a hospital or institution, give its NAME instead of states and number) (deals not occurred in a hospital or institution, give its NAME instead of states and number) (deals not occurred in the states) (limitally properties and s	County Da Otimari	Porishatian Nick No. 33
Langth of residence in city or town where death occurred. (a) Residence: No. #B #	Village or City 7/15 Pleasant Samonum	Tees esstown Md. St. War
(a) Residence: No. 4B 43 New York (Unshiphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE MARRIED, WIDOWED, OR DIVORCED (early the word) Sa. It married, widowad, or divorced (co) Wife of (co		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED Curies the word) 54. If married, widowad, or divorced (Moghh) 55. If married, widowad, or divorced (Moghh) 56. DATE OF BIRTH (month, day, and year) 57. ACE 7. A	(a) Residence: No. 4B A5 Reisters Town	
Mule White OR DIVORCED (captor the word) Sa. It married, without, or divorced HUSBAND of Corp. Wife of 22. IHEREBY CERTIFY, That I attended dacassed from Corp. Wife of 23. It married, without, or divorced HUSBAND of Corp. Wife of 24. IHEREBY CERTIFY, That I attended dacassed from March It 1937, to the through 2, 1934. 25. DATE OF BIRTH (month, day, and year) Feb. 26 1915 26. DATE OF BIRTH (month, day, and year) Feb. 26 1915 27. AGE Years Mouths Days It LESS than I day, his. of word done, as SPINNER, SAVER BOOKKEERER, etc. 28. Trade, profession, or particular kind of word done, as SPINNER, SAVER BOOKKEERER, etc. SAVER BOOKKEERER, etc. SAVER BOOKKEERER, etc. 10. Date decessed last worked at great particular were as follows: Chronic Pulmonary Industributes. Hydran Plans Principal Cause of Importance were as follows: Chronic Pulmonary Industributes. Chronic Pulmonary Industributes. Was that continued diagnosis? Was that an autopsy? Marchan and particular was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 19. Informant Address It and the principal Cause of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Address) It 3 S Address It and the principal Cause of injury. 19. UNDERTAKE MARCH AND ADDRESS IN PUBLIC PLACE. (Signed) A March Address M. 19. Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) A March Address M. 19. Spacify whether injury in any way related to occupation of daceasad? M. 24. Was disasse or injury in any way related to occupation of daceasad? M. 25. FILED TE 3 19.3 4 March Address M. 19. Spacify whether injury in any way related to occupation of daceasad? M. 26. FILED TE 3 19.3 4 March Address M. 27. Was disasse or injury in any way related to occupation of daceasad? M. 28. Signed) A March Address M. 29. Spacify whether injury in any way related to occupation of daceasad? M. 29. Spacify whether injury in any way related to occupation of daceasad? M. 29. Spacify whe	PERSONAL AND STATISTICAL PARTICULARS	
HISBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Feb 26 1915 7. AGE Years Months Days If LESS than I day,	OR DIVORCED (winde the word)	Hebruary 2 1934
6. DATE OF BIRTH (month, day, and year) Feb 26 / 915 7. AGE Yasts Months Days If LESS than 1 day, hrs. of min. 8. Trade, profession, or particular of min. 8. Trade, profession, or particular of min. 8. Trade, profession, or particular of min. 10	5a. If married, widowad, or divorcad HUSBAND of	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months To 1 day, hrs. of min. 8. Trade profession, or particular single	(or) WIFE of	The state of the s
7. AGE Yasts Months 7 If LESS than I day. hrs. or min. 7 Name of operation. Yasto or country) Yasto or country	& DATE OF PIDTU (month day and was) Felt 26 1915	=1
8. Trade, profession, or particular were as follows: 8. Trade, profession, or particular or		
8, Irade, prolassion, or particular Research and of work done, as SPINNER, SANYER, BOCKREPER, etc. 9, Industry or business in which work was done, as SPIK MILL, SAW MILL, BAKK, atc. 10. Data deceased last worked at this occupation (month and year) 11. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). Baltimare Plax 13. NAME 14. BIRTHPLACE (city or town). Russia. 15. BIRTHPLACE (city or town). Russia. 16. BIRTHPLACE (city or town). Russia. 17. INFORMANT A Country) 18. BIRTHPLACE (city or town). Surgiand. 19. What tast confirmed diagnosis? Was there an autopsy? What tast confirmed diagnosis? Was there an autopsy? What tast confirmed diagnosis? Specify city or town, country and State) 17. INFORMANT A Walking of the properties of injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAD Place (Address) 43 35 Accessing the properties of injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER ASAR Jury And Jury (Signed). Affirm any way related to occupation of daceasad? In Specify city or town, country and State) 24. Was disaase or injury in any way related to occupation of daceasad? In Specify city or town, country and State) 19. UNDERTAKER ASAR Jury And Jury (Signed). Affirm any way related to occupation of daceasad? In Specify city or town, country and State) 24. Was disaase or injury in any way related to occupation of daceasad? If Specify city or town, country and State) 25. Gigned). Affirm any way related to occupation of daceasad? In Specify city or town, country and State) 26. FILED File File State	18 # 7 I day,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) Balturale Mark State or country)	8, Trade, profession, or particular kind of work done, as SPINNER,	
12. BIRTHPLACE (city or town) Balturale Management Balturale	9. Industry or business in which work was done, as SILK MILL,	Mone Tulmonary Subsculous Tylan
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAD PlaceBruw Data Data Data Data Data Data Data Dat	Spailt in this	
What tast confirmed diagnosis? Was thare an autopsy? No proceed to star a substance of the		Other Contributory Causes of Importance:
What tast confirmed diagnosis? Was thare an autopsy? No proceed to star and continuous and and continu	# 13. NAME abraham Flax	
What tast confirmed diagnosis? Was thare an autopsy? No proceed to star a substance of the	4. BIRTHPLACE (city or town) Russia.	Name of operation Data of
Whare did injury occur? 17. INFORMANT A VOLUME TO Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 4335 Benefit to M. 18. BURIAL, CREMATION, OR REMOVED Place Color of the Col	(Stata of country)	What tast confirmed diagnosis? Was there an autopsy?_ X
Whare did injury occur? 17. INFORMANT A Walker Hole Address 4335 Benefit for the Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVED Place Color Date 2/4 , 194 Natura of Injury 19. UNDERTAKER ALL Jewes In (Address) 1143 4 American Manner of injury in any way related to occupation of daceasad? W. 20. FILED 766 3 , 1934 1 + Manner of injury (Signed) American Manner of Manner of Injury in any way related to occupation of daceasad? M. (Signed) American M.	# 15. MAIDEN NAME Rebecca Morris	
17. INFORMANT AND HOME, or in PUBLIC PLACE. (Address) 4335 Besets town AA. 18. BURIAL, CREMATION, OR REMOVAD Placefold Fully Date Date 2, 19 4 Natura of Injury. 19. UNDERTAKER (Address) 1134 Control of Date Date Date Date Date Date Date Date	State or country)	
18. BURIAL, CREMATION, OR REMOVED Place Color Date 2/4 , 19 4 Natura of injury 19. UNDERTAKER factor for the Carter of the Color of t	17. INFORMANT Alvalom Flag	(Specify city or town, county and State)
19. UNDERTAKER factor from 19. UNDERTAKER factor	18. BURIAL, CREMATION, OR REMOVAD	
20. FILED		24. Was disaase or injury in any way related to occupation of daceasad?
	,	COAT OF THE STATE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		()]	232
County Balling ore		Registration Dist. No. 4	6/
Village or City Harbyr V		No. 526 & 46 th St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where deeth		sds. How long in U.S. if of foreign birth?yrsn	nosds.
2. FULL NAME Comic	M. Hord		
(a) Residence: No. 326 S.	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Flemale White 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH File (Month) (Day)	, 193 4
5a. If married, widowed, or divorced	. /	(Month) (Day)	(Year)
HUSBAND of John H. His	rd	72. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	.17,1846	i lest saw her elive on alive Feb 16, 1939	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, at 12.40 Pm.	
87 2	29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	t hame		-
9. Industry or husiness in which		atterio deleras	Grade
SAW MILL, BANK, etc	1		-
10. Date deceased lest worked at this occupetion (month end year)	11. Totel time (yeers) spent in this occupation		
	(occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Mary	and the	- A man of the same of the sam	- 4-1
1 01 11		Cleule Myscardali	715/34
E	um	<i>f</i>	
14. BIRTHPLACE (city or town) - Mann	Leach	Name of operation Date of	
	and .	What test confirmed diegnosis! Was there an	eulopsy?
15. MAIDEN NAME Dorotheus	eope	23. If deeth was due to externel causes (VIOLENCE) fill in also the following	g:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country) Many	all 1	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANTANO William 13.	Morden	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 403/ Bellevon	ed live		*
18. BURIAL, CREMATION, OR REMOVAL Place Gal Quen leur Da	te Fiel. 10 1, 1934	Manner of injury	
Place Da	nte / 100 1 10 1 192 Y	Nature of injury	
19. UNDERTAKER A: Dander of (Address) (7/0 Filest for	Jano ouc,	24. Was disease or injury In any way related to occupation of deceesed?	
20. FILED 2/19/306, 19. 20 MALE	arenoge Registrar.	(Signed) 13 Tellows 2/15 1 Shallows	ans.
If more blanks		2411 N. Charles Street, Balsimore, Requesting U. S/No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis .	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 6 1534			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(95-6)
County / Hellimore	Registration Dist. No. 43
Village or City funition aug.	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
Contract of the last	
2. FULL NAME MMy Treasures	
(a) Residence: Nof O Muspling Humbles luve. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of George Frederick	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 15. 1849	I last saw h Le: alive on Feb. 10 , 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 630 Pm.
84 10 25 1 day,hrs	was a fell AL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	Milling Silenotic Pardio Date of one of
kind of work done, as SPINNER, Housework	vascular disease ?
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and spent in this occupation	
C - m 0 Mar	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Germany (State or country)	Organia Company
1	- Browning orumonia. Thay
E	Name of operation Date of
(State or country) Germany	What test confirmed diagnosis description Was there an autopsy?
15. MAIDEN NAME GRKNOW N 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Slate or country) Unknown	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miss Rose Frederick (Address) Raspeburg, Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Zion Luth.Cem. Date Feb. 13,1934	Nature of injury
19. UNDERTAKER Frederick Lag sa huse Row	24. Was disease or injury in any way related to occupation of deceased?
(Address) 7401 Belair Road.	If so, specify
20. FILED & 1917 D. U. T. 1917	(Signet) M. D.
Registrar.	(Address) / Wallque Mg

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PORIVED	1915	Attack of epilepsy	1 week ago
Chronic interstiliat nephra	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	WATE 2 1935	July 5,1927	Peritonitis	3 days ago
•				A III
	DI DE AL	L		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

>.	V, S. No. 1	6	MARGIN RESERVED FOR BI	RESE	RVED	FOR	BI
ż	B.—WRITE P	N. B.—WRITE PLAINDY, WIT UNFADING INK-THIS IS A PER	UNFADI	NG INK	-THI	SISA	PER
1	mation sho	mation should be carefully supplied. AGE should be stated E.	supplied.	AGE she	onld be	stated	国
7	CAUSE OF	CAUSE OF DEATH in plain terms, so that it may be properly of	in terms, so	that it 1	nay be	proper	ly o
	TION is ve	TION is very important. See instructions on back of certificate.	See instruct	ions on b	ack of	certifica	ate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	.004
1. PLACE OF DEATH	92.00	1237
County Balleur	Registration Dist. No.	
Village or City Caudallstown	No	Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and under the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and under the death occurred in a hospital or institution, give its NAME instead of street and under the death occurred in a hospital or institution, give its NAME instead of street and under the death occurred in a hospital or institution, give its NAME instead of street and under the death occurred in a hospital or institution, give its NAME instead of street and under the death occurred in a hospital or institution, give its NAME instead of street and under the death occurred in a hospital or institution, give its NAME instead of street and under the death occurred in the death occurred i	
2. FULL NAME/Polliam E. Fry	Souls	
(a) Residence: No. Caudallstond (Usual place of abode)	St., Ward. If nouresident give city or town and S	ilate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet lettended do	193 3 % (Year)
6. DATE OF BIRTH (month, day, end yeer) Self 290, 880 7. AGE Years Months Days If LESS than 1 day,	I last saw here alive on the date sated above, at	eath is sald
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this programme) and the profession of the pr	The PRINCIPAL CAUSE OF DEATH and related causes of importance decisions:	Date of onset
It Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) 13. SAW MILL, BARK, etc. 11. Total time (years) spent in this occupation occupation (State or country)	Other Coutributory Causes of importance:	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of county)	What test confirmed diagnosis? Was there en au	lopsy?
15. MAIDEN NAME May are Muller 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OF EMOVAL Place M. J. Date T.M. 5 , 1954	, Menner of injury	
19. UNDERTAKER Jos 19- Coth (Address) 1003 To Bally St. Pall	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 2 1 134 M. J. Suffers Registrar.	(Signed) Sandaliston	M.D.

daress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIMIL OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Caltyrore 7	2 7 A Registration Dist-No.
Village or City Stermners Com	No. hiladelkhia Loadt Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos	death occurred the a hospital or institution, give its IVAIVIE instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME John M. Settman	
(a) Residerce: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 20th 193 4 (Year)
6e. If married, widowed, or divorced HUSBAND of Caroline Gettman	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Jan. 14th 1839	
7. AGE Years Norths Days If LESS than	to have occurred on the date stated above, at 3 m.
95 / 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harmer SAWYER, BOOKKEEPER, etc.	Date of onest
Industry or business in which	ulles telelit.
work was done, as SILK MILL, Relired	General orteria selenosis - Cent B
10. Date deceased lest worked et this occupation (month and spent in this	Duration not stated
year) occupation occupation	Other Coutributary Causes of importance;
12. BIRTHPLACE (city or town) Dallymore Co.	
(State or country) Maryland	
13. NAME ///arhus / Tellman	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME UNKNOWY	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
State of country) Dermany	Where did injury occur? (Specify city or town, county and State)
(Address) Stermers Rock Mid-	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Stermers (Rich Mat- 18. BURIAL, CREMATION, OR REMOVAL	Manage of International Contract of Contra
Place Date Lawre Cenn Date Febr 23, 1934	Manner of injury
19. UNDERTAKER Fredh: Vassabut for	24. Was disease or injury in any way related to occupation of deceased?
(Address) 740/Blair Pdf	If so, specify
10. FILED The. 22, 193 4 King S. Connelly	(Signed) M.D.
Régistrar.	(Address) Fillielle o ball

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example II				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
1915	Attack of epilepsy	1 week ago			
.1921	Run over by street car	1 week ago			
July 5,1927	Peritonitis	3 days ago			
	Other contributory causes of importance:				
May 1,1923	Gastrocnteritis	1 year			
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:			

If so, specify

ded deress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

V. S. No. 1

(Address)

20. FILEDS

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Example I	1	Example II	
The principal cause of death and rented causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1027	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		AD	DITIONAL SP.	ACE	FOR FU	RTHER	STATEMEN	NTS BY	PHYS	SICIAN		
Correction	OI.	age	authorized	by	letter	filed	2-15-34	under	Dr.	Garrett.	OK ª d	by
Dr. Colli	insc	n, 2	3-16-34L.	71.								

[Approved by U. S. Census and American Public Health Asso.]

receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. account of the disease Causing Death, state occuice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on occupations of persons engaged in domestic serv-Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoan additional line is provided for the latter state to know (a) the kind of work and also (b) the nature of the business or industry, and therefore especially industrial employments, it is necessary Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, e. g., Farmer or Planter, Physician, Compositor, respective of age. For many occupations a single word or term on the first line will be sufficient, healthfulness of various pursuits can be known. occupation is very important, so that the relative pation whatever, write None. pation at beginning of illness. If retired from Laborer, Farm Laborer, Laborer-Coal Mine, etc. without more The question applies to each and every person, irbusiness, that fact may be indicated thus: Farmer Care should be taken to report specifically the (retired, 6 yrs.). Statement of Occupation .- Precise statement of precise specifications, For persons who have no occuas Day

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia" ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommennature of the injury, as fracture of skull, and dental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poi-CIDAL HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: Acei dations on statement of cause of death approved soned by carbolic acid-probably suicide. MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. as "Puerperal septicemia," "Puerperal peritoniascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all genital," "Senile," etc.), "Dropsy," "Exhaustion, "Heart Failure," "Hemorrhage," "Inanition, or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. ondary or intercurrent) interstitial nephritis, etc. The contributory (secing cough, chronic valvular heart disease; Chronie mor" for malignant neoplasms); Measles; Whoopgin "Cancer" is la Medical Association. by Committee on Nomenclature of the American State cause for which surgical operadefinite; avoid use of "Tu For VIOLENT DEATHS state Example: Measles (disaffection need not be



V. S. No. 1 ä of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Backs	Registration Dist. No.
Village or City Samely	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Grant	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (currie the world) 5a. If messing, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OF JangSoknat	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year april 24 / 850	I last saw h 2 alive on 2 2 5 , 193 4; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	acut, Cardin orlotter
year) occupation	Other Contributory Causes of importance:
13. NAME PROCESSION	
13. NAME 14. BIRTHPLACE (city or town). L! (State or country)	Name of operation Date of Date of Date of
15. MAIDEN NAM 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. Modakw Margaret Thank	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Deady, Comp. Date 19	Manner of injury
19. UNDERTAKER Carton Somo (Address) Electron State and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 25, 1984 KD Shepk Registrar.	(Signed) Aug 28 Striple M. D (Address) De
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	12A0 6 1834	July 5,1927	Peritonitis	3 days ago	
	RUDEAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING FOR RESERVED

V. S. No. 1

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01.3	00
1. PLACE OF DEATH	97	
County Baltemore	Registration Dist. No.	
Village or City Kandallstown	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and numbers.	
2. FULL NAME Beylah @ G. T.		
(a) Residence: No. Cast Aurora M. H	· St. Ward East Aurora n. a	1
(Usual place of abode)	If nonresident give city or town and State	*
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fel. 31	21
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Corp. Wife of 1	22. I HEREBY CERTIFY, That I attended decea	sed from
mas. Z. Junio		1934
6. DATE OF BIRTH (month, day, and year)	- 30-	ath Is sald
7. AGE Years Mounts Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	augua Octores F.	120
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		,,,,
Dete deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Cikesvelle	Other Contributory Causes of importance:	
(State or country) And	artenoulerous	
13. NAME John Coware		
13. NAME John Coward 14. BIRTHPLACE (city or town) Recordle	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME atherwise Acuses 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury,	19
The of a second 4	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
17. INFORMANTALIA CAMBILLE CANALIST (Address)	Specify whether injury occurred in INDUSTRY, in NOME, OF IN PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Poelebrus benut Wall W Daton 2023 9	Nature of injury	
19. UNDERTAKEN	24. Was disease or injury in any way related to occupation of deceased?	
(Address) If faul of Preston off,	If so, specify	
20. FILED 2/2/1, 1984 M. M. Juffler	(Signed) 2 latter W	M. D.
Registrar.	(Vanilless)	

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Example I	1	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

20. FILED 1936 (Sig

If more blanks are nieded, address plate Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related eauses The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of emilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	PLACE OF	DEATH altimore			(122-E)	
					Registration Dist. No.	
/	Village or City			(1	No. 406 W. Joppa Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	j
	Length of reside	nce in city or town whare	daath occurred 4.0	Year's mo	ds. How long in U.S. if of foraign birth?yrsmosds	ie
2	. FULL NAM	E John W	. Hall			
-	(a) Residence	: No. 406 W.	Joppa R (Usual place of	Oad of abode)	St., Ward. If nonresident give city or town and State	-
		L AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	,
3. S	male	4. COLOR OR RACE white		RIED, WIDOWED, O (write the word) Tied	21. DATE OF DEATH February 23, 1934, 193 (Month) (Day) (Year)	+
5a.	If married, widowed HUSBAND of	f, or divorcad				-
	(or) WIFE of		hields H	all	22. Jahuary 20, 1934, to 7el 23, 1934	
6. E	ATE OF BIRTH (m	onth, day, and year) Ma	rch 1 18	60	1 dest saw he malive on 7ch 22 1934; death is said	
7. A			Days	If LESS than	to have occurred on the data stated abova, at	
	73	11	23	1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profassi kind of wor	ion, or particular rk dona, as SPINNER, BOOKKEEPER, atcW	estnort	Paying C	arteris Sclarosio (general) Date of oneet	
OCCUPATION	9. Industry or bu	isinass in which	ZR.V.D.CAT. R	T-47.4118A	Po Cardine Hypertrofting	
5	SAW MILL,	lona, as SILK MILL, BANK, etc			Collete O Wesser I am Tolke 's	
Ö	10. Date decaasad this occupa year)	last worked at tion (month and		me (years) tin this pation	Appestatie Preumonia - uremin 701 16.	31
12.	BIRTHPLACE (city (Stata or countr		Baltimor	e Md.	Other Contributory Causes of Importance:	-
2	13. NAME	John W.	најј		- Colinson of the Colinson	-
FATHER	14. BIRTHPLACE (city or town)	11.3		Name of operation Date of What tast confirmed diagnosis? Bland product Was thara an autopsy? Date of	-
HER	15. MAIDEN NAMI	Elizabe	th Crawf	ord	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:	-
MOTH	16. BIRTHPLACE (city or town)		************	Accident, suicide, or homicide?	-
17.		Elizabeth 601 W. 3	Hall Gra	y	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATIO		JUITA DUA		Menner of Injury	-
	PlaceGr	gen Mount	Data 2-26	-34 , 19	Nature of injury	-
19.	UNDERTAKER 11	m/() m	talell lace Bal	+ Sous	24. Was diseasa or injury in any way related to occupation of decaasad?	-
20	FILED Fil- 2	4, 1984 Y	Va P/2	uti-	(Signad) Haller C. merkel M. C. (Addrass) Mod Arts Bldg	0.

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10.—The month and year the deceased last worked at the occupation.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REPEAR VOS.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	E	A
	WI	eful
	LY,	car
	Z	be
	PLA	pluo
	LE	1 sh
0. 1	N. B.—WRITE PLAINLY, WITT	mation should be carefully
V. S. Mo. 1	B	(
>	Z	0

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.00
County Tallimore	Registration Dist. No. 74
Village or City Stemmers Pun	No. Marlyon ove St., Ward
	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrs mos ds.
2. FULL NAME Oron Healt	
Saa . 0 0	← St Ward.
(Walplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Uhile Marricol	21. DATE OF DEATH Feb. 2 , 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jaa Hecht	22. I HEREBY CERTIFY, That I attanded deceased from ,19,19
6. DATE OF BIRTH (month, day, and year) Way 20" 1875 7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at \$6.30 Cu/m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Merch and	Chronic Valvular
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) occupation occupation	Heart Wisease
12. BIRTHPLACE (city or town) Marrian	Other Contributory Causes of importance:
13. NAME Unkanbron	
14. BIRTHPLACE (city or town) (State or country) Unknown	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country) Lakenow	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT Effa Wiehl (Address) Temmers Pun md	(Specify eity or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem, Date Feb 6 1934	Manner of Injury
19. UNDERTAKER Henge IV. Zickler (Address) 1737 E. Eager	24. Was disease or injury in any way related to occupation of daceased?
20. FILED Feb. 3 19 3 4 John B. Armelly Registrary	(Signed) Jacob Wallman Coromer (Adress) Slammers Run
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLA

STATE OF MARYLA	ND—CERTIFICATE (OF DEATH 013
nty Baltimore	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Dist. No. 43
ge or City Perry Hall	No.	
th of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution of the common of the com	St., ion, give its NAME instead of street and nun foreign birth?yrsmos.
L NAME Robert Albert Horn		

County Balt	imore			Registration Dist. No. 4-3	
Village or City_P	erry Hal	1		NoSt	Ward
Length of residence in	oity or town where d	h	(1	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
				ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME			Horn		
(a) Residence: No.	Belair	Road (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AI	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 12th,	193 4
5a. If married, widowed, or div HUSBAND of (or) WIFE of	rorced			(Month) (Day) 22. HEREBY CERTIFY, That I attended d	(Year)
				the 11th ,1934, to Feb 12	, 19.34
6. DATE OF BIRTH (month, da	ay, and year)	Dec. 1	8, 1933	I last saw have elive on Tal 12 ,1934.	death is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated above, atm.	
	1	24	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
Trede, profession, or paid work done SAWYER, BOOKKE	articular as SPINNER,				Oate of ouset
9. Industry or business i					T27
work was done, as SAW MILL, BANK,	SILK MILL, etc			Brouch preumoney	12
kind of work done SAWYER, BOOKKE Work was done, as SAW MILL, BANK, To-Dale deceased last we this occupation (me year)	onth and	spar	me (years) It in this Ipation		
12. BIRTHPLACE (city or town (State or country)	rerr Md.	y Hall		Other Contributory Causes of importance:	
a 13. NAME Albe	rt Horn			John Wifliely	2day
13. NAME A 1b e:		den Dal	e.	Name of operation Date of	A
(State or country)	Was	h.		What test confirmed diagnosis? San in Equipment Was there an eu	tonous A
15. MAIDEN NAME L	izzie El	len Gre	en	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	:upsy!Z
15. MAIDEN NAME I	own)_Nashi	ngton C	.H.	Accident, suicide, or homicide? Date of injury	19
∑ (State or country)	Oh	10		Where did injury occur?	
17. INFORMANT P	Albert erry Hal	Horn,		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR Place St. Mic		m _{bate} Feb	. 13,19 34	Manner of injury	
19. UNDERTAKER Trea (Address) 74	erick 2	assalu r Road	ofw	24. Was disease or injury in any way related to occupation of deceesed?	V
20. FILED 2/13 ,	19.34 19.	U. F.	Registrar.	(Signed) Elect Myenson (Address) L. Dreclea	M. D.
***			Acgistrat.	(Audiess)	~

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	42
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	01305
County Gallwere	Registration Dist. No. 30
Village or City Catousvelle	No. Montgonery St., Ward
' (If Length of residence In city) or town where death occurredtyrsmos	death occurred in a horpital for institution, give its NAME instead of street and number) death occurred in a horpital for institution, give its NAME instead of street and number) death occurred in a horpital for institution, give its NAME instead of street and number) death occurred in a horpital for institution, give its NAME instead of street and number) death occurred in a horpital for institution, give its NAME instead of street and number) death occurred in a horpital for institution, give its NAME instead of street and number)
2. FULL NAME Geatrice Edilli au	MA Muschmann
(a) Residence: No. Montgoniery CVE	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OF RACE OR DIVORCED (write the word) 5. If married widowed or divorced	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) 1, 2, 1939	I last saw h elive on 1 19 deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 6 A m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cause: renknown. Cevil B
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassed last worked at this occupation (months and	
To: Date decaasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Calousulle	Othar Cantributary Causes of Importence:
(State or country) mary (energy	Of Hambur
13. NAME hailes P. Steinhuran	hore. Corner
13. NAME Addles N. Benshuran 14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? aulofise Wes there an au'opsy? No
15. MAIDEN NAMESULLY May Kussell	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city-or town) (States or country)	Accident, suicide, or homicide?
- (State) of Ephyllity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LACE CALLED CONTROL (Address) Calorina Mills of the Mills of the Calorina	Socry whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	7 Manner of Injury
Place NY CLUE & Date 724 21, 19.39	Natura of Injury
19. UNDERTAKER Sastoy Sons (Address) Elicati Cil	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 21, 19 Block Registrar.	(Signed) Marahallo D wast M.D. (Address) Coatanarlle run
A Old I	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	00000
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4 property Ves		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	306
1. PLACE OF DEATH	10	000
County Baltunas	Registration Dist. No. 30	
Village-or Gity Caronsulle	No. Prices Some Hospest, St., feath occurry in a horpital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where death occurredyrs		ds.
2. FULL NAME Charles The House	tchenson	
(a) Residence: No. 2811 19 19 15 16 (Usual place of abode)	St., Ward. Ward If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Felly (Day) , 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mar. E. Walter	22. I HEREBY CERTIFY, That I attended decea	
6. DATE OF BIRTH (month, day, and year) Was 20118.53	Hast saw humalive on 7 cby 10 1934; dee	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 730 Pm.	2tii 13 3diu
80 8 2/ 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	Were as follows.	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, theet held SAWYER, BOOKKEEPER, etc.	0	2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Intal time (years)	dobar Treemonia 3	day
this occupation (month and spant in this and		
year) 933 occupation 25 4/	Other Centributory Causes of importance:	
12. BIRTHPLACE (city or town) Daltmore Ind		
(Stata or country)	Loxe Condition 4	da
13. NAME Kukuoron		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an autop	sy?
15. MAIDEN NAME LENGTH OWN	23. If death was dua to external causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,	19
De o ll la	Where did injury occur?(Specify city or town, county and State)	
(Address) 2 8 (1 Bra China 14)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Faltonore Date tul 12 , 1934	Natura of injury	
O HUDOTANO AM Carl	24. Was diseasa or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address) 1344 St Baul X	If so, specify	
20. FILED Mr. 10° Blooms	(Signed) Lobb & Garret	M. D
20. FILED Registrar.	(Address) Catoworth M.	·,
If more blanks are neckly, addless state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as process store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word 'mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphysia, astholog, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	es Nate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	iter	sh	Jo	1
	Tvery	IANS	ment	
	RD. I	YSIC	state	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01307
1. PLACE OF DEATH	940
County Duthunor	Registration Dist. No. 30
Village or City @ alougoille	No. Mable ave St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Bruest Lea IV	dillas
(a) Residence: No. Mable Que	au William
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the wordy	21. DATE OF DEATH Ty. 27 (Month) (Day) (Year)
5a. If marriad, widowed, or diverced HUSBAND of (or) WIFE of Area Rust Iddungs	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, de la 186)	Hast saw h the alive on February 26, 1924; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.20 12 m.
3 4 // 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Irade, profession, or particular kind of work sone, as SPINAER. SANTER BOOKER BOOKE	Unque Perons 2 years
kink of work done as SPITMER. Laboureson Machine 9. Industry or business in which work was done, as SILK MALL SAW MILL, BANK, etc. Lower Laboure Company of the Company of	2
10. Data decaasad last worked at this occupation (proof band year)	
12. BIRTHPLACE (city or town) Sundy Abrus,	Other Contributory Causes of importance:
(Stata or country) make lacet	Myorarditis 3
13. NAME harles a day	
14. BIRTHPLACE (city Town) Riladelp from	Name of operation Date of
(State of county) Terrisqualla	What test confirmed diagnosis? Cleve Co. Was thar an autopsy?
I 15. MAIDEN, NATHER about J. Statler	23. If daath was dua to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME about J. Statler 16. BIRTHPLACE (city or fown) (Stata or country)	Accidant, suicide, or homicide? Data of injury, 19
m m. · · · ·	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT/Mr. Maria R. & aldellys (Addrass) Maple ave. Calousvilla	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of injury
Place lub dasse elle Date Man 1 , 193-	Nature of injury
19. UNDERTAKER CASTON SONS (Address) Elicott Cily	24. Was diseasa or injury In any way related to occupation of daceasad? Also If so, spacify
20. FILED 3/ 19 Registrar.	(Signad) WMWrber Joy M. D M
If more blanks ay needed, addiess State Registra	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(83.0)
County Salta	Registration Dist. No. 3.7
Village or City Starks	No. St. Ward
Length of rasidence in city or own where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) _mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Shomas Oliver	Ofly
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWEL OR DIXORCED (write the word majorical)	21. DATE OF DEATH (Month) (Yaga)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Carolin Correl	22. I HEREBY CERTIFY. That I attended decaased from 15
6. DATE OF BIRTH (month, day, and year) Would 1844	1 Jost saw h and alive on
7. AGE Yaars Months Days If LESS that I day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Central Henrishan
F. Industry or business in which work was dona, as SILK MILL, Janus, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1933 spant in this occupation occupation	200
12. BIRTHPLACE (city or town) Balta Co	Other Contributory Causes of importance:
(Stata or country)	
13. NAME 2m/kmm	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	
15. MAIDEN NAME	
15. MAIDEN NAME Information 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. (NFORMANT Salis Banghton (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Profile Herstand Date / 1 2 193	Mannar of injury Nature of Injury
19. UNDERTAKER Jm C, Burks + Sm. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 18, 1924 Mm/ J. le fil cont	(Signed) All Thursday M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDIN

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requenting U. S. No. 2.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
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STATE C	F MARY	/LAND-	CERTIFICATE OF DEATH	10
1. PLACE OF DEATH			9	10
County Balto.			Registration Dist. No. 30	
Village or City Catonsvil	le,		NoSt.,	Ward
Length of residence in city or town where d	leath occurred 7	2 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and nu smos	mber) ds.
2. FULL NAME John Lou				
(a) Residence: No. Rolling				
PERSONAL AND STATISTI	(Usual place of		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	ate
3. SEX 4, COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	
male white		(write the word)	Feb. 26,1934 (Month) (Day)	t93 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Harriett	VanLill		22. HEREBY CERTIFY That I attended de	ceased from
C DATE OF PURTY (See A)	ıg. 28,1	861	I last saw h_im alive on	_, 1922 death is said
7. AGE Years Months	Days	If LESS than	to heve occurred on the date stated above, et 2 36 Dam.	death is said
72 5	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW		as Seed, ne (years) tin this etion all 4	Carsen one of Product Shoush Other Centributery Causes of importance:	1 sgr.
14. BIRTHPLACE (city or town)(State or country)	Balto.	iđ.	Name of operation Date of What test confirmed diagnosis? Clusical Westhere an au	opsy?_A
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT John Mauric (Address) Rolling Rd.	Under Kauffm	an dson Ave	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park C 19. UNDERTAKER PARTY OF THE			Manner of Injury	ub-
20. FILED Felt 27 , 1934 Ma	ustall B	Registrar.	(Signed) Manhall B With (Address) Da J Ingleside Ave.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		,		
Other contributory causes of importance:		Other contributory causes of importance:	7	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01311
1. PLACE OF DEATH	(Pr. a)
County Baltimore	Registration Dist. No.
Village or City Catonsurlla	No. Apreng Some Horfe St. Ward death occurred in a horpital or justitution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME George Kaufman	
(a) Residence: No. Randaleston &	1 St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Teling 14 193 4
5a, If marriad, widowad, or divorced	(Marth) (Day) (Year)
HUSBAND of Cory WIFE of Lengle	22. HEREBY CERTIFY, Thet I attended dacaased from 7, 1932, to Felin 14, 1934
6. DATE OF BIRTH (month, day, and year) Februs 18/1866	I last saw h aliva on Pell 19 193 4; death is seid
7. AGE Years Months Bays If LESS than 1 dayhrs.	to have occurred on the data stated above, at
67 11 13 ormin.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	
SANTEN, DOUNNELLEN, allen-	0- 0 0 0
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Initral draufficiency 12/2
U 10. Data dacaased last worked at 11. Total time (years)	
this occupation (month and yeer) 14-32 spant in this yeer) 14-32	ON 0 13 1 0 11 11
12. BIRTHPLACE (city or town) Baltumon	Other Contributory Causes of importance:
(State or country)	askrio-Scherosii. 27/2
13. NAME Jesse Kaufman	
14. BIRTHPLACE (city or town) Baltura	Nama of operation Date of
(State or country)	What tast confirmad diagnosis? Was thara an au'opsy?
15. MAIDEN NAME Comma diadsay	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Balton of	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jesse Kaufman (Bro)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Randa Olston No.	
Placa Laudon (Data Feb 16 1934	Manner of injury
016- 6-11-0	Nature of injury.
19. UNDERTAKER HUM QUITO POLICE (Addrass)	24. Was disaase or injury in any way related to occupation of deceased?
21 11/1/	(Signed) Wolf & Garrett M.D.
20. FILED 190 Registrar.	(Addrass) Catomer lo Ind
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

of OCCUPA-

1. PLACE OF DEATH		95-C 01312
County Baltemor	e	Registration Dist. No. 37, 33
Village or City Ourneys		No. Rosewood State Train Second Ward
Length of residence In city or town where de	2~	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I sank	2 debster	Keating M. D.
(a) Residence: No. Rosewood	State Tramin	2 Sefrost Ward.
PERSONAL AND COLORS	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Set 18 193.4
5a. If married, widowed, or divorced	Single	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	V	22. I HEREBY CERTIFY, That I attended decessed from 15th 13 1934 to Feb 18 1934
6. DATE OF BIRTH (month, day, and year)	t 20,1870	I last saw have alive on Det 18 1934 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6:30 P.m.
63 11	28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	perintendent	Date of onset
SAWYER, BOOKKEEPER, etc	enord State	arteriosclerosis Anhun
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	ones wills he	Chronic myocarditio
Liu. Date deceased last worked at	A P11. I otal time (years)	J
this occupation (month and 17, 19 5	spent in this 384	•
12. BIRTHPLACE (city or town) Center	ville.	Other Contributory Causes of importance:
(State or country) Liken a	une Co. med.	Gaula Carling blood the Jumes.
I 13. NAME Thomas Jame	o Keeling	accept the second secon
14. BIRTHPLACE (city or town) Cost	Tenilas med	Name of operation work Date of vione
(State or country)		What test confirmed diagnosis? Clinical Was there an autopsy? 200
15. MAIDEN NAME Sarah Tra	nces Webter	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Chur	chville.	Accident, suicide, or homicide?
(State or country) /darford	Co rud	Where did injury occur?
17. INFORMANT) uro I homa (Address) Centerville	of Kealing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Plan	Menner of injury
Place-toville, Md.	Date 2 4 1934	Nature of injury
19. UNDERTAKER Genty. W.	enthis dons lo	24. Was disease or injury in any wey related to occupation of deceased? Zeo
20. FILED Filey 20 , 1934 7	ro. O. Mar	(Signed) George O. medafry M. D.
If mare h	Registrar.	(Address) Owngo willing Dud.

STATE OF MARYLAND-CERTIFICATE OF DEATH

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Secretary was not at last		
 	-	

See instructions on back of certificate.

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V. S. No. 1 Ä of OCCUPA.

STATE	OF	MARYLAND—CERTIFICATE OF	DEATH
DEATH		23	

	STAT	TE OF	MARY	LAND-	CERTIFICATE	OF DEAT	ΓH (L)	212
1.	PLACE OF DEATH	1			23		U.I	010
/	County Backey	upse.			9	Registration Di	ist. No. 33	
	Village or City	Leasar	Jana	Morain.	lunters own IVI	4.	St.,	Ward
	Length of residence in city or toy	vn where death	occurred		death occurred in a hospital or insti-	itution, give its NAME i f of foreign birth?		
2	FULL NAME &	-	U.	0				000
4.	9	s of	9/	17	Salling MH			
	(a) Residence: No.	<i></i>	(Usualplace of	abode)	cestimus 40210774	If nonresident gi	ve city or town and	State
	PERSONAL AND ST	ATISTICA	L PARTIC	ULARS	MEDICAL	CERTIFICATE		
3. SEX	4. COLOR OR R			IED, WIDOWED,	21. DATE OF DEATH		90	
M	ale white		Sug	Ce Word)	Feb	(Month)	(Dev)	, 193.4/(Yeer)
5a. If	merried, widowed, or divorced					/		
	or) WIFE of				Fib 2	YCERTIFY	. Thet I ettended	deceesed from
e DA	TE OF BIRTH (month, dey, end ye	my les	1.188	2	I lest sew halive on	Fur 25	1034	; deeth is said
7. AG		onths	Days	If LESS than	to have occurred on the date ste	eted shows at 3 issu		.; deeth is said
150	6			1 day,hrs.	The PRINCIPAL CAUSE OF DE			
-	Trede, profession, or perticular	1	1	ormin.	were as follows:			Date of onset
OCCUPATION	kind of work done, es SPIN SAWYER, BOOKKEEPER, etc	INER, Ja	dor		Chronie Pulman	Juny Tuberco	Maria	1wa 7
PA	9. Industry or business in which work was done, es SILK MII	LL.				u-ladvance	1).	-A foot-A
2	work was done, es SILK MII SAW MILL, BANK, etc D. Date deceased last worked at		11 7-1-1-1					
0	this occupation (month and year)	s au		in this ation				
		P	-	40011	Other Contributory Causes of im	portance:	7	
12. BI	RTHPLACE (city or town) (State or country)	Just	iii		Tubululous of	Jules me	<i>d</i> :	7
œ 1	3. NAME Joseph	Knu	inis!					
E	9-04	0	,					
A I	I. BIRTHPLACE (city or town) (Stete or country)	1.43	uu		Neme of operation			7/.
2 1	. MAIDEN NAME RA	pie x	Telen		Whet test confirmed diegnosis?_			
표		0	7		23. If deeth wes due to external c			
8 1	6. BIRTHPLACE (city or town) (State or country)		31Mv	· · · · · · · · · · · · · · · · · · ·	Accident, suicide, or homicide? Where did Injury occur?		te or injury	, 19
	-Har 17	Da c	els of		Specify whether injury occurred	(Specify city or to	wn, county and State	e)
17. IN	FORMANT (Address)		<u></u>		aposity michies injury decorred	m nom	., of HITODEIC FEA	10E.
18. Bt	RIAL, CREMATION, OR REMOVAL	n H	A 16	0	Manner of Injury			
	Plece Al Delle 1	rallo-0	ete 2/2	1934	Nature of Injury			
19. UN	DERTAKER LACK L	ewis	dona	_	24. Was disease or injury in any	wey related to occupation	on of deceased?	lo.
	(Address) 1439	E. Ba	Wor A	- /.	If so, specify	pp		
20, FI	ED /42 28 1934	082	ullad	4	(Signed)	nruz		M. D.
				Registrar.	(Address)	+ Pleasen	ut, Rush	us lown,
		If more blank	s are needed, ad	dress State Registrar.	2411 N. Charles Street Baltimore	Requesting 9) S No .		179

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

should state

of OCCUPA.

1. PLACE OF DEATH	93-0		
County Baltings	Registration Dist. No. 30		
Village or City Calconnelle	No. St., Ward		
	f death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds,		
2. FULL NAME ohn King			
(a) Residence: No. US & Western (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Tuale Calal OR DIVORCED (write the word)	Jeb 8 1934		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
HUSBAND of Curra Kuy.	22. HEREBY CERTIFY That attended deceased from		
9 1800	1934 to 1934		
6. DATE OF BIRTH (month, day, and year) 7 /8 8 9 7. AGE Years Months Days If LESS than	I last saw harman alive on		
45 tuh tuh 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
Trade, profession, or particular	were as follows:		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Kabore	Chianas Jungos alit		
9. Industry or business in which	anouse my occurrences 2000		
SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and			
year) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country)			
13, NAME			
(State or country)	Name of operation Date of		
15. MAIDEN NAME	What test confirmed diagnosis? Ussues Was there an autopsy? My		
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?		
16. BIRTHPLACE (city or town)	Where did injury occur?		
Due Emma Kin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) 86 West On Catagory Old			
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place Meslem Slam Date Jell 10, 1934	Nature of Injury		
19. UNDERTAKER Believel P Hemsley	24. Was disease or Injury In any way related to occupation of deceased?		
(Address) 818 Daniel Fill Of	If so, specify		
20. FILED Febr 9, 1934 Marshall Blist	(Signed) maishall B wist M.D.		
Registrar,	(Address) Catounelle Min		

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O. I.	MARGIN RESERVED FOR BINDING
-WKITE PLAINLY, WIF	-WRITE FLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be carefully	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in pla	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
TION is very important	TION is very important Sao instructions on hash of contificate

STATE	JE MARYLAND-	CERTIFICATE OF DEATH	01310
1. PLACE OF DEATH		(31)	21
County Battimo	L	Registration Dist. No.	30
Village or City Towns	ر. (ا	No. 1026 Johna Road. S f death occurred in a hospital or institution, give its NAME instead of stree	t., Ward
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Lottle .	6. Kleckner		
(a) Residence: No. 902	E. Jajajan Roa.	St. Ward. If nonresident give city or tow	n and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	ГН
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 15.	1984
5a. If married, widowed, or divorced	Processien.	(Month) (Day)	(Year)
(or) WIFE of WIA AND	rlenos/	22. AL HEREBY CERTIFY, That I att	ended deceased from
7171 200	1.04 1010	1939 to 7 el	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw h ✓ 15	34.; death is said
47 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	0 cormin.	Mere as follows: Mesalinitis, chronic intentio	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Gousewife	Heret diene e values mite	154000
9. Industry or business In which work was done, as SILK MILL.		with decampersonting	1900
SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spant in this		
12. BIRTHPLACE (city or town) Seats	the	Other Contributary Causes of importance:	(, 0
(State or country)	Washingto	anuma, casarar	Unles
13. NAME Louald	Told		
14. BIRTHPLACE (city or town) Po	· A P	Name of operationDate	of
(State of country)	la ve	What test confirmed diagnosis? Clinical Was ther	e an autopsy?_Ma_
15. MAIDEN NAME Sasah	1 4	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	1/1) //2	Accident, suicide, or homicide? Date of injury	, 19
(State of country)	nu 0 =	Where did injury occur? (Specify city or town, county an	d State)
17. INFORMANT AND CALLED AND CONTROL (Address) De la contracta		Specify whether injury occurred In INDUSTRY, In HOME, or In PUBL	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	CFA 10	Manner of injury	
Place Fondon Varle Date Tel 19, 1934		Nature of Injury	
19. UNDERTAKES DENKINS	wheeler -	24. Was disease or injury In any way related to occupation of deceases	17 Mo
(Address) Chelian ?	nt lateres	If so, specify	/
20. FILED Fab. 15, 1934 W	Vm. P. Butler Registrar Co	(Signed) Golling C. Hu (Address) 606 Balto, los T	own M.D.
76 mana	blanks are needed address State Remistrar	Care N Charles Street P. John D. W. C. N.	Marie May 1811-

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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VED	THIS
SEE E	INK
ARGIN RESERVED	DING
5	V
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	T.L.

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01316
infor state UPA	1. PLACE OF DEATH	
of Eld CC	County Balturore	Olol Fred Ro Registration Dist. No. 30
should of OCC	Village or City Catouarle	No. Kutter tel & Muline (Wist Ward
. 00	Length of residence in city or town where death occurred TO yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? Oyrs. mos. ds.
Every CIANS tement	2. FULL NAME Casper / Capler	J. J
PHYSIC PARTICES	(a) Residence: No. 100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Ward. If nonresident give city or town and State
RECO Ph Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X.	3. SEX 4. GOLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DVDRCED (Print the world)	21. DATE OF DEATH J. S. 193 (Month) (Day) (Year)
MANEL A C T I	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
EX Cla	6. DATE OF BIRTH (month, day, and Replace, 8 1863	I last saw h alive on 19 death is said
D4 12	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
IS A stated proper	70 11 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of onset
HIS be be c of	SAWYER, BDDKKEEPER, etc.	Cerebrals Haunchare unt
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc January 10. Date deceased last worked at 11 Tool time (verse)	
INF INF S sh t it	this occupation (month and 1/2 spentin this	Found desd in head
AGE THAT	year)	Dther Contributory Canses of importance:
So so reti	12. BIRTHPLACE (city or town) (State or country)	of Alludua
UNFADING supplied. AGI n terms, so tha ee instructions		Corona
	E	
N FO	14. BIRTHPLACE (city or town) Courter (State or country) Cutterous	Name of operation
5 = 7	15. MAIDEN NAME Us Kurin	What test confirmed diagnosis? Town Was there an autopsy? Was 1 death was due to external causes (VIOLENCE) fill in also the following:
f, Warefu A in rtant	15. MAIDEN NAME USECULA 16. BIRTHPLACE (city or town) Use Kerott	Accident, suicide, or homicide? Date of injury, 19
be c SATI	E (State or country)	Where did Injury occur?
lead of the	17. INFORMANT Mrs. augrest Westyer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D.	(Address) Calabaselle VIII, 18. BURIAL, CREMATION, DR REMOVAL	
三 三 四 - 4	Place O when Cen Date tel. 27 1939	Manner of injury
-WRITE mation s CAUSE TION is	Es to long	Nature of injury
TESE	19. UNDERTAKER CASHOY CUR	24. Was disease or Injury in any way related to occupation of deceased?
B	7-1-20 20 101 1	(Signed) Marshall B Work M.D.
z(T)	dollh Registrar.	(Address) Catounulle ma
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gustroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH
County Dultum

STATE OF MARYLAND CERTIFICATE OF DEATH

egistration Dist. No.

Registration 1	JIET. No.
	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME (4500 SCOROLOWS)	number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY. That I attended the deceased (Year) If LESS than and that death occurred on the dete stated above, at I day hrs. The CAUSE OF DEATH * was as follows: (Duration) Contributory ...(Duration) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place / 8 yrs. Where was disease contracted, if not at place of death?.....

usual residence.

Idras State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registrar

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE WIDOWED OR DIVORCED Write the word 6 DATE OF BIRTH (Day) (Month) 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER RENT (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL

No. 1

ciassified

PERMANEN

BINDING

RESERVED

MARGIN

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00

shoul

Filed

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm loborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

		IF MAR	YLAND-	CERTIFICATE OF DEATH	01318	
1. PLACE OF DI				(2.9)	2 0	
County Baltimore				Registration Dist. No. 32.		
Village or City	Mt. Wilso	on		Mt. Wilson Branch Md. No. Tuberculosis Sanatoriu f death occurred in a hospital or institution, give its NAME instead of	mSt., Ward	
Length of residence	n city or town where d	death occurred	Oyrs, 4 mos	s.29 ds. How long in U. S. if of foreign birth?	street and number)	
2. FULL NAME	Marv	A. Lamb	ert			
(a) Residence: No	00 17		Mile Lane	st. Ward. Pikesvill	e, Md.	
		(Usual plac		If nonresident give city or	town and State	
	ND STATIST			MEDICAL CERTIFICATE OF DE	EATH	
Female 4. Co	White	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Sle	21. DATE OF DEATH February 4th (Month) (Dey)	, 1934. (Yeer)	
5e. If merried, widowed, or HUSBAND of	divorced Sing	1 6				
(or) WIFE of	orna.			22. I HEREBY CERTIFY. That I September 6th 19 33 to Februa		
6. DATE OF BIRTH (month	day and year) Al	pril 24	th. 1902	last saw her elive on February 4th.		
7. AGE Years	Months	Deys	If LESS then	to heve occurred on the date steted above, et/2.10 P. m.	, 102312 10000 13 3010	
31	9	11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Import were as follows:	1	
8. Trade, profession, of kind of work do SAWYER, BOOK	r particular	tonomno			Date of onset	
SAWYER, BOOK	KEEPER, etc.	remogra	buer	Pulmonary Tuberculosis.	1927	
work wes done,	es SILK MILL, U.	S.Gover	nment			
kind of work done, es SPINNER. Stenographer SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, U.S. Government SAW MILL, BANK, etc. O date deceased lest worked et this occupation (month end year) Aug. 1231 11. Totel time (yeers) 12 spent in this yrs.						
	Clana			Other Contributory Causes of importance:		
12. BIRTHPLACE (city or to (Stete or country)	Maryla			Intestinal Tuberculosis.	Aug.	
			1931			
13. NAME T. J	rtown Frank	klin		Neme of operation No operation	Date of	
14. BIRTHPLACE (city or town) Frankiin (Stete or country) West Virginia.			ia.	What test confirmed diegnosis? X-ray, and was		
置 15. MAIOEN NAME Sarah M. Hyre				23. If deeth wes due to externel causes (VIOLENCE) fill in also the	d in sputu	
15. MAIOEN NAME Sarah M. Hyre 16. BIRTHPLACE (city or town) Petersburg, 16. Strong control West Virginia				Accident, suicide, or homicide? Dete of injur		
(Stete or country) West Virginia.			la.	Where did injury occur?		
17. INFORMANT Louis R. Schuerholz (Address) Mt. Wilson, Md.				(Specify city or town, count Specify whether injury occurred in INDUSTRY, In HOME, or in Pl	y and State) UBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			1-64-311	Menner of injury		
Place	2 desni	- Oato	, 19.7	Neture of Injury		
19. UNOERTAKER	mamel	1018		24. Wes disease or Injury in any way related to occupation of deci	eased? NO	
(Address)	14/1/10	Times	1	If so, specify	·	
20, FILED Religion	, 193K	1//	I/Mse.	(Signed) Mt. Wilson, Md.	M. D.	
			Registrat.	(Address) Mt. Wllson, Md.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH				
1. PLACE OF DEATH.	(A)			
County Valleynore.	Registration Dist. No. 38			
Village or City / Catoria Ville (If	No. 133 Cases A Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred yrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.			
2. FULL NAME Still from) Fayles	eld			
(a) Residence: No.	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word) Suitale)	21. DATE OF DEATH 198 3 4			
5a. If married, widowed, or divorced	(Month) (Oay) (Year)			
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I Manded attached Auto			
1 1 1 16211	Jer 6 , 1924, to 19			
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said			
7. AGE Years of Months Days If LESS than lday. hrs.	to have occurred on the date stated above, at T. U. : IVA. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
or min.	were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
SAWYER, BOOKKEEPER, etc.	Juknom.			
work was done, as SILK MILL, SAW MILL, BANK, etc	Transfer Still Still			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	Vicon auno, Raco orin			
7-	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)				
E 13. NAME 24, a. Faufield				
E T. White St. a. Tayfela				
14. BIRTHPLACE (city or town). (State or country)	Name of operation Oate of			
(State of country)	What test confirmed diagnosis? Was there an autopsy?			
# 15. MAIDEN NAME Cechia a. Bonebrake	23. If death was due to external causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
(State or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT A. Layfreed (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place Date Date 6,1934	Nature of injury			
19. UNDERTAKER Falter acting.	24. Was disease or injury in any way related to occupation of deceased?			
= 1 12 3 1 1	If so, specify			
20. FILEO - 15 L 8 , 1934 Marshall & Wish Registrar.	(Signed) M. D. (Address) Ellicatt City 4 M. D.			
If more blanks are needed address State Peristman	N Charles Street Patrices Program 71 C N			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUTELATI V. S.			Partition.	
Other contributory causes of importance:		Other contributory causes of importance:		
other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01320
1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No.3
Village or City EUDOWOOD SANATORIUM, TOWSON	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
0 0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret alma Leak	D of
(a) Residence: No. Walton are Curtis B.	
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White Manuel (write the world)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of All and Faculty Seake	1 HEREBY CERTIFY, That I attended deceased from
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 last saw h er alive on February 11, 1934; death is said
6. DATE OF BIRTH (month, day, and year) Wgust 3, 174 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3: PS Pm.
30 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S Trade, profession, or particular kind of work done, as SPINNER, April 1.	were as follows: Phluman Tutualosis: Date of one of
SAWYER, BOOKKEEPER, etc.	1931
Mindustry or business in which work was done, as SILK MILL, Day Home. SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (months and full 1833) 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) Rappalmock.	Other Contributory Causes of Importance:
(State or country) Viguina	
13. NAME Joseph Jenkins	
14. BIRTHPLACE (city or town) Spermyville.	Name of operation Marc Date of
(State or country) / regrue	What test confirmed diegnosis? X Ray Was there an eutopsy? MA
15. MAIDEN NAME QUINE Woodard.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town Spenyville	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
Hospital Records Personal History Eudawasd Sanatorium, Towsom, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place perryrelle Dapate Teb 13, 1934	Nature of injury
19. UNDERTAKER John & Plenny	24. Was disease or injury in eny way related to occupation of deceased?
(Address) 7/5 Light St	If so, specify
20, FILED Fab. 11 1934 Wm P. Butler	(Signed) M. D. M. D. M. D.
Registrar Com	(Address) Towson, Max

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	principal cause of death and related causes Date of onset The principal cause of importance were a		Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
· PUREAR V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County /Saltunose	Registration Dist. No. 42
Village or City Ramadame had	No. 124 Clifche Clif St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Caroline Mari	· Leleus
	~ ~~~~~
(a) Residence: No. 12 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) wire or four verner.	100 7 ,133, to Feb 19, 1954
DATE OF BIRTH (month, day, and year) kay 16, 1878	I last saw h alive on Feb 11, 1934; deeth is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.15
55 F 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, ASAWYER, BOOKKEEPER, etc.	Myocardeles Chinie. 11/7/33
9. Industry or business in which work was done, as SILK MILL, Own House. SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and 1/7/33 spent in this year)	
	Other Contributory Causes of importance:
(State or country)	acute Cardiae Parline 2/11/3
13. NAME Cructar Doces	
7	Name of operation. Local Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Character Was there an autopsy?
15. MAIDEN NAME (suggeste Roeding	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16 DIPTUDI ACE (city on towns	Accident, suicide, or homicides Date of injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
INFORMANT hun Folina Cheliner	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
(Address) / Z Y Chiede Oue	
B. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Landon lack Date Feb, 14, 1949	Nature of injury
UNDERTAKER Wm J. Tickreet fon (Address)	24. Was disease or injury in any way related to occupation of deceased?
O. FILED HU. 14, 19.34 Destonate	(Signed) Thank been M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

AGE should be stated EXACTLT. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of areet and number) PHYSICIANS Length of residence in city or town where death occurred How long In.U. S. it of foreign birth? ______yrs._____mos._____ds. statement 2. FULL NAME RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. CALOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Oay) (Year) BINDING CI classified If married, widowed, or divorced HUSBAND of 22. ERTIFY That I attended deceased from (or) WIFE of Y 6. DATE OF BIRTH month, day, and year properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2 FOR 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... may 3. Industry or business in which should work was done, as SILK MIL SAW MILL, BANK, etc.___ 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that year) neaupation instructions Other Contributory Causes of importance ARGIN 12, BIRTHPLACE (city or tow (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) carefully What test confirmed diagnosis?_ Was there an au'opsy? MOTHER 15. MAIDEN NAM im portant in 23. If death was due to external causes (VIOLENCE) fill in also the following: EATH 16. BIRTHPLACE (city or for Accident, suicide, or homicide?______ Date of injury______ 19_____ country Where did injury occur?__ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 0 17. INFORMAN (Address OF 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury AUSE nation LION Nature of injury_. 24. Was disease or injury in any way related to occupation of deceased?. 19. UNOFRTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
GUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-
E	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
0	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
I	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>L</u> 01323
County Ballumore	Registration Dist. No. 44
Village or City Hermus Un Kd	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME Suggest dawrence of orens	5
(a) Residence: No Stemmers Run Po- 2019.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	Feb 25 1934
5a. If married, widowed-or divorced	(Month) (Day) (Year)
HUSBAND of January	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	1927 10 7 20 , 1934
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 4.7
7 A dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Oate of onaet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	Mark Mystashad guiser / any
9. Industry or business in which work was done as SILK MILL	
work was done, as SILK MILL Mountained SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)	
O 10. Date deceased last worked et this occupation (month and yeer)	
01	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jennary (State or country)	Form preumonia 3 w/co
	Josefma.
E TOTAL CONTRACTOR OF THE PARTY	
4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	What test confirmed diagnosis? Assusad Was there an europsyddl.
	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Pl . + 1/2	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MASS CAM (Address)	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR PEMOVAL	Manner of Injury
Place Car Date 28/,1934	Nature of injury
19, UNDERTAKER Johns G. Connelly	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Casef md.	If so, specify
20. FILED Itb. 2 b 193 4 Ilon & lornelly	(Signed) // // Milliam Gladante M. D.
Registrar.	(Address) Wedfile Mg
If more blanks are needed address State Projection	N Chala Charles Patrice Paris Program R 1 C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
REE				

1. PLACE OF DEATH	102
County Daltinon	Registration Dist. No. 30
Village or City Catonsalle	No Africa Erwe Hospital St., (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. ds. How long in U.S. if of foreign birth? 2.5 yrs. mos.
(a) Residence: No. 401/ Hockory, a	st. Hampholis
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
male white or DIVORCED (wite the	
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased
(or) WIFE of People Library	aug 2/ ,1933, to 7eb 7 ,19.
DATE OF BIRTH (month, day, and year)	I last saw h A alive on 2 leg 7 ,1934; death is
AGE Years Months Days If LESS	7 3 7
03 8 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	Data of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc	Extern noum mes 101
SAW MILL, BANK, etc. Own Ofor	
SAW MILL, BANK, etc	
year) - de - 3-3 occupation	Other Contributary Causes of importance;
BIRTHPLACE (city or town)	
(State or country) Germany	- Foric Condition 3d
13. NAME Carl Luby	21,
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Germany	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Infary Ochmid	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Germany	Where did Injury occur?
INFORMANT Rose Zule Confe (Address) 401/ High Sing Gire	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION OF REMOVAL	34/ Manner of injury
Place IT Veleria Debay Met. 10	9 Nature of injury
UNDERTAKER Riter Wildefield	24. Was disease or injury in any way related to occupation of deceased? 910 -
7/7 1/ Centiling Com	If so, specify
FILED 1934 At Land	(Signed) I to the Carparvett
Regis	egistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	dy 5 1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:	5 3	Other contributory causes of importance:	
Gallstones	ay 1,1923	Gastroenteritis	1 year
	1		

Peter Li	ADDITIONAL	SPACE FOR FUR		4	A -	0 . 4
Jane Jo	age of	Beccard.	2. parr	ett, auth	orizing	(muchy
(,				

V. S. No. 1

	RI		Ex	
ARGIN REDERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RI	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	11.0
Pa .	PE	d E	rly	cate
FOR	IS A	state	prope	ertifi
2	HIS	pe	pe	of c
K / L	TI	plno	may	TION is very important. See instructions on back of certificate.
7	INK	sh	it it	no
RE	5	AGE	tha	ous
4	DI		S	ucti
LKG.	NFA	pliec	rms	instr
¥.	5	sup	in te	see i
	TIT	ully	pla	1
	×	aref	I in	rtan
4	SIN	be c	ATI	m po
	LAI	l plu	DE	ry i
	<u>G</u>	shor	OF	s ve
	RIT	ion	USE	Z Z
1 .	M	mat	CA	TIC
1 .0 L	B			-
	ż	1	7	-)

1. PLACE OF DE	SIAIL	JE MAR	TLAND—	CERTIFICATE OF DEATH	01325		
County Baltemore				Registration Dist. No.	33		
Village or City Reisters town				No. Mt. Pleds dat Sayatovia a St., Ware feeth occurred in a horpital or institution, give its NAME instead of street and number)			
				ds. How long in U.S. if of foreign birth?yrs.	ds.		
2. FULL NAME.	,				0		
(a) Residence: No		S. Cdst (Usual place	e of abode)	St., Ward. Boltomere C	r town and State		
	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		ED (write the word)	21. DATE OF DEATH Feb. 24 (Month) (Day)	, 193 4			
5a. If married, widowed, or HUSBANO of	divorced				(Teal)		
(or) WIFE of				22. I HEREBY CERTIFY, That			
	5	ept 18,19	16	Aug 37, 1933, to Feb. 2	1924		
6. DATE OF BIRTH (month, 7. AGE Yeers	day, and year) Wonths	Oavs	If LESS than	to heve occurred on the date stated above, at 3 Am. The PRINCIPAL CAUSE OF DEATH end related ceuses of Impor	_, 19; death is said		
17	5	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impor-	tance		
			ormin.				
8. Trade, profession, o	r particular ne, as SPINNER, KEEPER, etc			Advanced Pulmonary Tubercylosis Ma			
9 Industry or busines	s in which						
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 1 Industry or business in which work was done, es SILK MILL, Factory Worker SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end May 1933 spent in this year) 12. BIRTHPLACE (city or town) Baltimore							
				Other Coutributory Causes of importance: Ldvyngeal Tuberculosis			
(State or country)	Md.						
13. NAME 195	itius Mac	Kowiak					
H 13. NAME 19 %				Mama of associate			
I4. BIRTHPLACE (city o	Polau	d		Name of operation			
	Catherine			What test confirmed diagnosis? Was			
				23. If death was due to external causes (VIOLENCE) fill in also th			
16. BIRTHPLACE (city or town) (Stete or country)				Accident, suicide, or homicide? Date of injury, I9 Where did injury occur?			
17. INFORMANT I grations Mackowale				(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, O	R REMOVAL	0		Menner of injury			
Place Hory	(corang	Oate Les	6 28,1930				
19. UNOERTAKER W. Qazewahi (Addiess) (Gazewahi				24. Was disease or injury in any way related to occupation of deceased?			
20. FILEO 7 + 6, 25	1934 8	Biz. L	U.S.	(Signed) A.F. Shrier)M. D		
			Registrar.	(Address) Int. Pleasant, Inf			

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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The state of the s			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	1	-	6)	10
U	£	0	4	6

Village or City <u>FUDOWOOD SANATORIUM</u> , <u>TOWSON</u> , <u>MNd.</u> (If death occurred in a hospital or institution, given the second of th	egistration Dist. NoSt.,Ward we its NAME instead of street and number) gn birth?yrsmosds.
Length of residence in city or town where death occurred yrs. 9 mos. 5 ds. How long in U.S. If of foreign the second of the seco	ive its NAME instead of street and number)
2. FULL NAME Salome Marsh Magnine (a) Residence: No. 507 E. Twenty sight St., Ward. Bersonal AND STATISTICAL PARTICULARS MEDICAL CERTI	ive its NAME instead of street and number) gn birth?
2. FULL NAME Salome Marsh Magnine (a) Residence: No. 507 E. Trenty sixth St., Ward. Ba (Usual pigce of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTI	gn onth:as.
(a) Residence: No. 507 E. In cutty sight St., Ward. Bar (Usual piges of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATION OF THE PROPERTY OF	. 1
(Usual pigce of alvode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTI	Ott. m.d
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTI	f nonresident give city or town and State
a One	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) Male Normale Mondaire	nth) (Day) (Year)
5a. If married, widowed, or divorced	ERTIEY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) December 8. 1870 I last saw h is a alive on File	man 21, 1934; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above	(10610
63 2 13 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and I	
8. Trade, profession, or particular kind of work done, as SPINNER, Caupit Layer. SAWYER, BODKKEEPER, etc. Caupit Layer.	wheren wais becemb
SAWYER, BODKKEEPER, etc. Caupit Layer 9. Industry or business in which work was done, as SIJK MILL 4. 0	1731
work was done, as SILK MILL, Hotel	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (honth and years) spent in this year) 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) Balturary (State or country) Other Contributory Causes of importance:	
13. NAME IN PROPERTY IN MARKETA	
E Control of the cont	
	Date of
TE MAIDEN MANE ! A A A A A A A A A A A A A A A A A A	Was there an autopsy?
	OLENGE) fill in elso the following:, 19
(State or country) Where did injury occur?	Date of injury, 19
	ecify city or town, county and State)
Eudawand Sanatorium, Towson, Md.	
18. BURIAL, CREMATION, OR REMOVAL Place St.: Michaeles Date Heb. 24, 1934 Nature of Injury	
19. UNDERTAKER 24. Was disease or injury in eny way related (Address) 24. Was disease or injury in eny way related	ed to occupation of deceased?LDD,
20. FILED 122 1934 NWP Befus (Signed) (Address) TOWS	Bridger M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 V.S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

Z

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	327
1. PLACE OF DEATH		(131)	4100
County Baltimore Co	•	Registration Dist. No. 3/	
Village or City Tourson		No. 28 E. Susquehanna St.	Ward
Length of residence in city or town whera death occur	(1)	death occurred in a hospital or institution, give its NAME instead of street and r	number)
0 +1	redyrs,mos	ds. How long in U.S. if of foraign birth?yrsm)sds.
2. FULL NAME Calhum	CMCO	Klasy.	
(a) Residence: No. 28 & . Shu	applace of abode)	Ward.	C
PERSONAL AND STATISTICAL P	LI	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGL	E, MARRIED, WIDOWED,	21. DATE OF DEATH/	
T OR DI	VORCED (write the word)	telanary 5,	, 198 4/-
5a. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND OF Irvin Q m	20 Cleans	22. A. I HEREBY CERTIFY, That I attended	deceased from
77.0	- 1824	1932, to 120, 47	19.34
	ys I If LESS than	1 - 1 - 1/2	; death is seid
F.A. Wontes	If LESS than I day,hrs.	to have occurred on the date stated above, at LOIS 4 ftm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1 1 2 Tark contains as a bistory	ormin.	were as follows:	Date of onset
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	en orle.	Marit Clarens	Undsur
V 1 9. Industry or business in which		Monte interstitual next ites	Myshows
work was done, as SILK MILL, SAW MILL, BANK, etc		Steways with decompenation.	Mukuow
- 1 () this occupation (month and	Total time (years) spent in this	(chroic)	
year)	occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	<u> </u>	Dementin, serve (arterioselestre)	1928
(State or country)	11~		
13. NAME unknow 14. BIRTHPLACE (city or town) Unknow			
4 14. BIRTHPLACE (city or town) Landanov	ur.	Name of operation Date of	
(State of country)		What test confirmed diagnosis? Linual Course. Was thar an e	utopsy?_Ma.
15. MAIDEN NAME Unfinos 16. BIRTHPLACE (city or town) Landana	wa.	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) - January	ww.	Accident, suicide, or homicide?	, 19
≥ (State or country)	60	Where did injury occur?(Specify city or town, county and State	-)
17. INFORMANT Swing C. My	Tolleuf.	Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLA	ĆE.
(Address) 28 6. Surguella 18. BURIAL, CREMATION, OR REMOVAL	annay ave		
Prolinger of Hill Joel son Date	Feb 8 1934	Manner of injury	
1 20 00	1	Nature of injury	1,
19. UNDERTAKER Character Character (Addiess) 3 6/5-17 Character Ch	on a	24. Was disease or injury in any way related to occupation of deceased?	No.
11 1 11 11 11	Va A	If so, specify	
20. FILED Pats. le , 1934 Wa P.	Sel Registrar.	(Signed) (Address) 626 Parts Bre. Tow	zera Med
If more blanks are n		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
141	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B. of OCCUPA.

1. PLACE OF DEATH County Callings Village or City Carriery Village or City Carriery (If death occurred in a propial or innipktion, give is NAME instead of street and number) Length of residence in city or town where deeth occurred yrs mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. Airly Chiphles of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Jenual 4. COLOR OR RACE Jenual OR DIVORCED (winis the word) (or) WIFE of Laniel Median Media
Village or City Village or City Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred Length of residence in city or town where deem occurred in a happital or institution, give its NAME instead of street and number) Length of residence in city or town where deem occurred in a happital or institution, give its NAME instead of street and number) Length of residence in city or town where deem occurred in a happital or institution, give its NAME instead of street and number) Length of residence in city or town where deem occurred in a happital or institution, give its NAME instead of street and number) Length of residence in city or town where deem occurred in a happital or institution, give its NAME instead of street and number) Length of city or town where deem occurred in a happital or institution, give its NAME instead of street and number) Length of city or town where deem occurred in the happital or institution, give its NAME instead of street and number) Length of city or town and State MEDICAL CERTIFICATE OF DEATH Length of or institution, give its NAME instead of street and number) Length of city or town and State MEDICAL CERTIFICATE OF DEATH Length of or institution, give its NAME instead of street and number) Length of city or town and state Length of or institution, give its NAME instead of street and number) Length of or institution, give its NAME instead of street an
Length of residence in city or town where deeth occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME Callerine A. Mc Yure (a) Residence: No. Residence
Length of residence in city or town where deeth occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. 2. FULL NAME (a) Residence: No. Res
(a) Residence: No. Ridgelley Love. St., Ward. (Psyklplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Female Figure 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH (Month) (Oey) (Year) 1. I HEREBY CERTIFY. That I attended deceased from the date steted above, et 4. 20 Afm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oata of onset
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female 1. DATE OF DEATH (Month) (Oey) (Vear) 1. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Oays If LESS than 1 day, hrs. or min. 1. Trade profession or particular (Vest) particular (If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH (Month) (Oey) (Vear) 1. DATE OF DEATH (Month) (Oey) (Vear)
3. SEX 4. COLOR OR RACE Temale Lutule S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temale Lutule So. If married, widowed, or divorced HUSBANO of (or) WIFE of Laniel M. Lure 1 HEREBY CERTIFY. That I attended deceased from March 14, 1933, to Jelly 1934 1 last saw h. L. alive on Lee. 6, 1934; death is said to have occurred on the date steted above, et 4:20 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oata of onset
Female White OR DIVORCED (varie the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Planiel J. Mc Jure 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Oays If LESS than 1 day, hrs. or min. 18. Trade profession or particular OR DIVORCED (varie the word) (Month) (Oey) (Year) 19. 34 1 last saw h. L. alive on Llee 6 19. 34; death is said to have occurred on the date steted above, et 4. 30 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oata of onset
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Laniel J. Mc Yeure 22. I HEREBY CERTIFY. That I attended deceased from March 14, 1933, to Jelly 4, 1934 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Oays If LESS than 1 day, hrs. Or min. 1 Replace of DEATH and related causes of Importance were as follows: Oata of onset
HUSBANO of Cor) WIFE of Scanical J. Mc Scanical 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Oays If LESS than 1 day, hrs. Or min. 1. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oata of onset
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Oays If LESS than 1 day, hrs. Or min. 1 The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oata of onset
7. AGE Yeers Months Oays If LESS than to have occurred on the date steted above, et 4.50 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oata of onset
1 day,hrs. or narticular
8 Trade profession or particular
SAWYER, BOOKKEEPER, etc. Housewife Chromic murcarditis?
Industry or business In which work was done, as SILK MILL,
SAW MILL, BANK, etc
this occupation (month and spent in this occupation occupation
Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)
13. NAME Wzu. Parsiah
13. NAME W. Garrish 14. BIRTHPLACE (city or town) Balto. Name of operation Rose. Date of
14. BIRTHPLACE (city or town) Date of (State or country) Whet test confirmed diagnosis? Clurical Was there an autopsy?
15. MAIOEN NAME Mary Williams 23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16 BERTHPLACE (city or town) Salty . Accident, suicide, or homleide . Date of injury
(State or country) Md. Where did Injury occur?
17. INFORMANT Land, J. The Gure Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)
18 DIDIAL COEMATION OF DEMOVAL
Place Somme Paras Oate 2/27 , 1934 Nature of Injury
19. UNDERTAKER Pila Wiedefeld. 24. Was disease or Injury In eny way related to occupation of deceased? NO
(Address) 914 Greenhous live. If so, specify
20, FILEO 3/24, 1934 G. M. Bacon (Signed) G. M. Bacon M. D. Registrar. (Address) Parkeville, W.d.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Mass 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of de of importance were as fol Arteriosclerosis	eath and related causes clows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	MAR 2 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 7 1101	July 5,1927	Peritonitis	3 days ago
	process S	-1		
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

	IEK STATEMI	ENTS BY PHYS	ICIAN	
with occurred in Baltion	ac - Uni	mere 1	You	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 126
1. PLACE OF DEATH	(1 11330
County Jallyno	Registration Disk No. 4
Village or City June 5 ta,	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME COME Mude	R
(a) Residence: No. (Usual place of abode)	raspen Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed Horrace Murdock	22. HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) 4-7-1875.	I last saw II elive on
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1923 of A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Irede profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	The state of the s
TO. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Balto Co	Other Contributory Causes of importance:
(State or country) md	arlenosaklerosas
13. NAME TO RICE. 14. BIRTHPLACE (city or town) Balto Co (State or country)	Name of operation. Date of
IS. MAIDEN NAME Elles Carroll	What test confirmed diagnosis? ———————————————————————————————————
16. BIRTHPLACE (city or town) Balto Cq.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT for Smith (son) 300 (Address) avon Beach Rel Turners Sta 1000	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL Place mt Cubul Centre 2/9/34,19	Manner of injury
19. UNDERTAKER has et Cooper (Addiess) 1514 9. Callhorn 37	24. Wes disease or injury in any way releted to occupation of deceesed?
20. FILED MS 34/19 Milloarmens	(Signed) Hittings M. D. (Address) LD: 29 St. Staffe: No.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01331	
-	County Balto	Registration Dist. Np. 3 2	
) J	Village or City Lulhuville Route 1	ND. St. War	
0	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs	
statement	(a) Residence: No. 5 his mut Bodge (Usual place of abode)	St., Ward. If nonresident give city or town and State	
Xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH 726. 2, 193 44. (Month) (Day) (Year)	
	5a. If married, widowed, or divorced HU3BAND of (or) WIFE of Kate Myus.	22. I HEREBY CERTIFY, That I attended dacassed fro	
1	6. DATE OF BIRTH (month, day, and year) Nov 5 1845	I last saw h alive on January 3 1, 19 3 4; death is sai	
	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Carolio Descelor	
	9. Industry or business in which work was dona, as SILK MILL, Blacksmith	Biocasco	
	9. Industry or business in which work was dona, as SILK MILL, SILUCION SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year)		
	12. BIRTHPLACE (city or town) Balto 60. (State or country)	Dther Coutributory Causes of Importance:	
	13. NAME John Myers		
	13. NAME Myers 14. BIRTHP(ACE (city or town) Minkmount (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
	15. MAIDEN NAME Mary of Riller	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?	
	17. INFORMANT Haward A. Mying (Address) Owing Mills and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	18. BURIAL, CREMATION, DR REMOVAL Place Gauselle Chapel Date 4 , 1934	Manner of Injury	
	19. UNDERTAKER FT & Simi Al Sens (Address) Rustinton M. d.	24. Was disease or injury In any way related to occupation of deceased? If so, specify	
-	20. FILED July 3, 1934 MT GOPME	(Signed) A. M. Slada M.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	00	
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

FOR BINDING

IARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAN	ID—CERTIFICATE OF DEATH
1. PLACE OF DEATH	9000
County Baltimore	Registration Dist. No.
Village or City Dundalk	No. St., Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Lawrence Mylin	
(a) Residence: No. 6 Bayship Road	St., Ward.
(a) Residence: No. 3 Day Silly ItOad (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the married)	werd. 21. DATE OF DEATH February 11 (Oay) (Yaar)
5a. If marriad, widowad, or divorcad HUSBAND of Anna Mylin (or) WIFE of Anna Mylin	1 HEREBY CERTIFY, That I attended decaased from 1934 to Feb. 1134
6. DATE OF BIRTH (month, day, and year) March 29. 1	891 I last saw him alive on Feb 11 8 , 1934 death is sald
7. AGE Yaars Months Days If LES	
4742 10 22 1day,	THE ENTITED AL CAUGE OF PEATER and I stated coulded of Importance
8: Trada, profassion, or particular kind of work done, as SPINNER,	acute myocarditis 2-10-34
SAWYER, BOOKKEEPER, etc.	
9-Industry or business in which work was dona, as SILK MILL from Worker SAW MILL, BANK, etc.	
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL Work work work work work work at this occupation (month and yaar) 10. Data dacaased last worked at this occupation (month and yaar) yaar) 11. Total time (yaars) spant in this occupation	
12. BIRTHPLACE (city or town) Pittsburgh Pa (State or country)	Other Contributory Causes of importance: acrite Brouchitis 2-9-34
# 13. NAME Edward Mylin	
13. NAME Edward Mylin 14. BIRTHPLACE (city or town) Lancaster Pa (Stata or country)	Name of operation Date of What tast confirmed diagnosis R. S. Was there an au opsy? Lea
# 15. MAIOEN NAME Margaret Mc Intee	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret Mc Intee 16. BIRTHPLACE (city or town). Pennsylvania. (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Anna Mylin (Wife) (Addrass) 6. Bayship Road Balto	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Sacred Hearts Data Feb 13,	19-34 Natura of injury
19. UNDERTAKER July & Seiler form	24. Was disaasa or Injury In any way related to occupation of deceased?
20. FILED 3/13/3 19 Ambarung	(Signad) Creedent (M. D. (Ardrass) Amplock Ann
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must sta	To	be co	omplete.	an	occupation	return	must	stat
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8.—The trade, profession, or particular kind of work dance 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms an "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general merms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, of the mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		k in the second of the second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		P. Control of the Con	

ADDITIONAL	SPACE I	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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	ARGIN REDERVED FOR DINDING	V 12.U	FOR BINDING	
-WRITE PLAINLY,	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	THIS	S IS A PERMANENT	REC
mation should be car	mation should be carefully supplied. AGE should be stated EXACTLY. P.	ld be	stated EXACTLY	. P
CAUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac	ay be	properly classified.	Exac
TION is very import	TION is very important. See instructions on back of certificate.	ck of	certificate.	

STATE OF	MARYLAND-	CERTIFICATE OF DEATH			
1. PLACE OF DEATH					
County Baltimore		Registration Dist. No.			
/ Village or City Franklint	own	No. Franklin Road St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)			
Length of residence In city or town where dea		ads. How long in U.S. If of foreign birth?yrsmosds.			
2. FULL NAME Timothy	O'Hara				
(a) Residence: No. Frankli	n Road	St., Ward.			
	(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH			
Male White	OR DIVORCED (with the word)	21, DATE OF DEATH Feb. 27, 193 4 (Month) (Oay) (Year)			
5a. If married, widowed, or divorced HUSBAND of Marie N	. O'Hara	22. I HERETY CERTIFY. That I attended debased from Fleby 14 Th. 1934 to Freby 27 to 1934			
6. DATE OF BIRTH (month, day, and year) Ja	n.27,1861	I last saw hamalive on Feb 27 7 7 1634; death is sale			
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at			
73 1	O I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, Re SAWYER, BOOKKEEPER, etc	tired Engineer on Hotel	Lognoral Offinishan fich			
Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation				
12. BIRTHPLACE (city or town)	eland	Other Contributory Chases of importante.			
H 13. NAME Not Known					
TA BIRTHPLACE (city or town)	Not Known	Name of operation Date of What test confirmed diagnosis? Was there an auropsy?r			
15. MAIDEN NAME Not Kn	own	23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME NOT Kn 16. BIRTHPLACE (city or town) (State or country)	Not Known	Accident, suicide, or homicide?			
17. INFORMANT Mrs. Marie N. (Address) Franklintown	O!Hara (Wife)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	M-m 0 74	Manner of injury			
Place Lorraine Cem.	Date 1181	- Nature of injury			
19. UNDERTAKER John A Sees (Address) 715 Light	my	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED 2 7 19 3 4 19	Registrar.	(Signed) I D Windson Will P			
If more bla	anks are no ded, address state Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOT

16. BIRTHPLACE (city or town) __

(State or country

(Address)

19. UNDERTAKER (Addrass)

should state f OCCUPA-

Coun Villag	ge or City	Esse	more	(i
2. FUL	h of residence in of L NAMEResidence: No	Savan	death occurred A Cur (Usual place o	yrs. 6 mo
PER	RSONAL AN	ND STATIST	ICAL PARTIC	CULARS
3. SEX	le 1. COLO	OR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)
5a. If married HUSBA (or) Wi		elia	Page	
6. DATE OF	BIRTH (month, da	y, and year)	186	0
7, AGE	Years 74	Months	Days	If LESS than 1 day,hrs. ormin.
NO 18. Trad	e, profession, or p ind of work done AWYER, BOOKKE	, as SPINNER,	Laim	er
a y	stry or business i work was done, as SAW MILL, BANK,	SILK MILL.	Retire	d
- 12 .	deceased last wo his occupation (mo aar)			ne (years) t in this pation
	ACE (city or town) To	lane	4
₩ 13. NAM	E	2	unkn	~~~
In I	HPLACE (city or t State or country)	own)	Polan	d
₩ 15. MAII	DEN NAME	/	Tento.	

01334

No. Lavannal Que m. 20, ace St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long In U.S. if of foreign birth?yrsmosds.
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from
I last saw hair aliva on ZL. V. 1934; death is said
I last saw h aliva on 26. 1934; death is said
to have occurred on the date stated above, at 72° Am.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
f. J.
Chrone myscarditio / ye.
0
Other Contributory Causes of importance:
Name of oparation
What test confirmed diagnosis? Clement Was there an autopsy?
23. If death was dua to external causas (VIOL ENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Natura of injury
24. Was diseasa or injury In any way related to occupation of decaased?
If so, specify
(Signed) Traits M. D.
(Signey)

Registration Dist. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

'10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	41
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack-of_epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroen Critis	1 year

1. PLACE OF PEATH	107-2
County Ballo	Registration Dist. No. 35
Village or City Rustinstown Mid	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
0000001.	Ac A A A A A
2. FULL NAME (harles K. Roomson	1) Dayres
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That Lattended declased from
(or) WIFE of	18 18 1934 10 2 Och 25 19 34
6. DATE OF BIRTH (month, day, and year) March 4 1933	I last saw hai alive on Tell 2005, 19 2 (deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
// /6 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade, profession, or particular kind of work done, es SPINNER,	A A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SINDUSTRY or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Date deceased last worked et this occupation (month and	10 soullo viluin 7418
work was done, as SILK MILL, //Lone SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation occupation	Other Coatribatory Caases of importance;
12. BIRTHPLACE (city or town) Sulta Co	Solid Countries of Importance.
(State or country)	
13. NAME Sto. Robert Bobinson 14. BIRTHPLACE (city or town) Rustinetoun	
14. BIRTHPLACE (city or town) Catalogue (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an eutopsy?
=	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town	Where did injury occur?
17. INFORMANT & Louge Payne	(Specify city or lown, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Pusturtown Md	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place I Lukus Euro Date Leb 22, 1934	Nature of injury
19. UNDERTAKER . I to fine & Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address of Kustustom Md.	If so, specify
20. FILED 726- 2/, 19 34 /7 2000 Resistant	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(8)
Country Claum or	Registration Dist. No.
Village or City North Com Oroad	NoSt.,Ward
Length of residence in city or town where death occurredwrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number) os
2. FULL NAME Still born infan	A Range
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I ettended deceesed from
1 15th 16221	
6. DATE OF BIRTH (month, day, end year) J.C. / J	I lest saw h
7. AGE Years Months Days If LESS than I day, hrs	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still born infant
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this genuation (month and specific properties).	
11. Total time (years) this occupation (month end year)	
12. BIRTHPLACE (city or town) north Comi Goal	Other Coutributery Causes of Importance:
(State or country) M. d.	Premature brit
13. NAME (lifter Reed	5/2 no
13. NAME (With Reed 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of Whet lest confirmed diagnosis? Was there an eutopsy?
IS. MAIDEN NAME Mary R. Payre	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary V. ayre 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mary P. Payne (Address) North Poins Read	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Club to John Hopskini 19	Manner of Injury
10 UNDERTAKEN Somieal Laboratory	24. Was disease or injury In eny way related to occupation of deceased?
(Address)	If so, specify from the specific of the specif
20. FILED Flet /5, 1934 4 Mill Compriss (M) Registrar.	(Signedy 1. 10. Communication M. D. (Address) Opanous Commerce M. D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	should state	of OCCUPA-	/
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
	EXACTL	classified.	d
	stated I	properly	TION is very important See instructions on hack of certificate
	pe	be	of
	should	it may	Jose no
	AGE	so that	ofione
	upplied.	terms,	a incfrm
-	fully s	n plain	and the
-	care	rH in	orta
	l be)EA	imi
	should	OF I	VAPT.
	mation	CAUSE	TION :
	-		-

TION is very

V. S. No. 1 E

STATE OF MARTLAND	CERTIFICATE OF DEATH U1837
1. PLACE OF DEATH	107-2)
County Dalla	Registration Dist. No. 35°
	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
D +1 0 0	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dulha . Venny	
(a) Residence: No. Russlusson (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (revite the word)	21. DATE OF DEATH 726. 10 ,193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Halter FT Penny	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lent 12 1889	I last saw har alive on 7 25 9 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
54 4 29 1 dayhrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brondso-Prumouva
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10- Date deceased last worked at this constant and the constant and t	
Do Date deceased last worked at this occupation (month and year)	
Pomas	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME John Spichut	
14. BIRTHPLACE (city or town) Puna (State or country)	Name of operation
- (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / pulse / seek	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Philips Tissell 16. BIRTHPLACE (city or town) Punna.	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Party (Address) Pustinstain M. A.	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Castring ME Date Feb 13, 1934	Manner of Injury
19. UNDERTAKER & Clinic & Sono (Address) Rustinstown Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 726/2, 1934 D9 WALLOW Registrar.	(Signed) U-6. Mr. Staden M. D. (Address) Perus Constance Mand

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THIRE OF V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-	should state	of OCCUPA-	
RECORD. Every	. PHYSICIANS	Exact statement	
A PERMANENT	ted EXACTLY	perly classified.	ificate.
HIS IS	be sta	be pro	of cert
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

SIAIE OF MARYLAND-	-CERTIFICATE OF DEATH
County Baltimore	Registration Dist. No. 444
Village or City Sparrows Point	No. 1246 Beechwood Ret. Wal
2. FULL NAME Stallborn Berainger (a) Residence: No. (Usual place of abode)	os. ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jebruary 8, 193 4 (Month) (Opy) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hr ormin.	I last saw h elive on, 19; death is so to have occurred on the date stated above, atm.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	(3 ms)
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Open Stury
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME Persinger Va	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT Ila dys 6 Personger (Address) 18. MAIDEN NAME Gladys & Thompson Pt. 19. MAIDEN NAME Gladys & Thompson Pt. 19. MAIDEN NAME 19. MAIDEN NAME Gladys & Thompson Pt. 19. MAIDEN NAME 19. MAIDEN	23. If death was due to external ceuses (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR THOOVAL Jahren Hopkin	Manner of injury
19. UNDERTAKER auat mical Rol. (Address) 20. FILED HALL Ormer V. Rygistrar.	24. Was disease or Mury in any way related to occupation of deceased? If so, specify (Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

shig. B.

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	339
1. PLACE OF DEATH		(82·a)	
County Baltimore		Registration Dist. No. 43	
Village or City Raskele	19	No. Summil are St.,	War
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and itds. How long in U.S. if of foreign birth?	
2. FULL NAME Kather	in Pital		/V
(a) Residence; No.	maril De	St. Ward.	
(a) residence. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
J. SEX 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH fol. 19 (Month) (Day)	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thereby	Pietsch	22. I HEREBY CERTIFY, That i attended	deceased fro
6. DATE OF BIRTH (month, day, and year)	20v. 13.1857	Hast saw har alive on Feet. 15 19 34	, 194. 7 .: death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10 G m.	. Geath is sa
1 76 3	b l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Z Trade, profession, or particular))		Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc On Date deceased last worked at this occupation (month and	fousemp	f f	
work was done, as SILK MILL, SAW MILL, BANK, etc		Cerebrals temorhage	DIE. 3
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Gen	name	Other Contributory Causes of importance:	
(State or country)		arteris Polerrais -	
13. NAME not known			
13. NAME not known 14. BIRTHPLACE (city or town)	lenn-	Name of operation Date of What test confirmed diagnosting Reppe Was there an a	h
15. MAIDEN NAME not h	nor-	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Not k 16. BIRTHPLACE (city or town) Rot (State or country)	knon	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Henry Pict (Address) Summel ne	ach	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	of 1	Manner of Injury	
Place! .: Erang Cem,	Date 7 ef 21 , 1934	Nature of Injury	
19. UNDERTAKER George W. S	isklar	24. Was disease or Injury In any way related to occupation of deceased?	w
(Addiess) 1737 E.	Esque H.	If so, specify	
20. FILED	Till to Vill	(Signed) Start, N. Melli (Address) HOSS Pattern Park	M.
	Registrar.	(Address) HOS S. Jallean Tunk	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones :	May 1,1923	Gastroenteritis	1 year

77	3 A PER	ated E	operly c	tificate.
1	IS IS	e st	e pi	f ce
TO A TO T OF THE PARTY AND A TO A T	NK-THI	q plnous	it may b	TION is very important. See instructions on back of certificate.
ייי אדער	ADING I	d. AGE	, so that	ructions o
244	H UNFA	y supplied	ain terms	See instr
	CX, WIT	carefull	TH in pl	portant.
	PLAIN	hould be	OF DEA	very imp
	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly c	TION is
	m	7	1	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 01340
1. PLACE OF DEATH	
County Jalleman	Registration Dist. No. 3-0
Village or City Catousille	No. 9/9 Frederick CVE St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME Cle & Plat.	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White 5. SINGLE MARRIED, WIDOWED. OF DOOKED ("wrighthe word)	21. DATE OF DEATH 7. S. 193 4. (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decaased from
11 ma (16/ p)	aug 5 ,1930, to, Feb 28 ,1934
6. DATE OF BIRTH (month, gay, and sear / Cley 6, 1862) 7. AGE Yaars Months Days If LESS than	1 last saw had aliva on Tile 26, 1937; daath is sai
1 day,hrs.	to have occurred on the data stated above, at J. O.C.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	wara as follows: Date of onset
kind of work dona, as SPINNER, House Wif	0.00.00.00.00.00.00.00.00.00.00.00.00.0
Industry or business in which	Celebrat Homorrage 77
Sawyer, Bookkeeper, atc	
10. Data dacaasad last worked at this occupation (month and 97.6. 11. Total time (years) spent in this year)	
12 BIRTHIN ACT (Silver Aug.) ONA	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	A fores Soleron
13. NAME INTALL (I A PA)	and senses
E TOOL OF THE PROPERTY OF THE	
(State or country)	Name of operation Data of
	What tast confirmed diagnosis?
	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicide, or homicide?
m Pali Mal	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT I'M fullen Alley (Address) 919 Freeleviel Wil. Catourus	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OKEMATION, OF REMOVAL PARE MAN 3, 1939	Mannar of injury
19. UNDERTAKER Easton Sons (Addrass) Elizable Celt	24. Was disaase or injury in any way related to occupation of daceased?
20, FILED march 1 1934 Mansalalo B Grest	(Signad) warshall B wish , M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis. 1 year

Every item of infor-

1. PLACE OF DEATH		942)	-
County Ballero	72	Registration Dist. No.	
Village or City 3 see 100 Length of residence in city or town where		No. St., death occurred in a hospital or institution, give its NAME instead of street and number, ds. How long in U.S. if of foreign birth?	
2. FULL NAME Hear	rues a Por	to	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH Jeb 8th (Month) (Day) (193	ear)
5a. If married, widowed, or divorced HUOBAND of (or) WIFE of Wesley	Ports	22. J HEREBY CERTIFY, That I attended decease	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at 1, 2a m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	n is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hwf.	augina Pectoris 2/8	of onset
10. Date deceased last worked at this occupation (month and year)	34 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	
13. NAME Occhard	Trucky.		
14. BIRTHPLACE (city or town) (State or country)	ud,	Name of operation Date of Was there an autopsy?	u
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Mod	23. If death was due to external causes (VIOLENCE) fill to also the following: Accident, suicide, or homicide?	
17. INFORMANT Wesley (Address) Hand	Ports nel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place	Date 4// 1934	Manner of Injury	
19. UNDERTAKER E See & CANADAR (Address)	Gepten ned	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 2-9 , 1934 B	E. Fourte m. 10.	(Signed) Will Sherver (Address) Wandlester Md	_M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z	No. 1	MARGIN	RESERVE	ED F	MARGIN RESERVED FOR BINDING
60	B.—WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANENT	UNFADI	NG INK-TI	IIS IS	A PERMANENT
	mation should be carefully supplied. AGE should be stated EXACTL	lly supplied.	AGE should	be st	ted EXACTL
1	CAUSE OF DEATH in plain terms, so that it may be properly classified.	plain terms, so	that it may	be pr	operly classified.
-	TION is very important. See instructions on back of certificate.	See instructi	ons on back	of cer	tificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1)342
County Bellymore	Registration Dist. No. 442
Village or City Halethorpe	NoSt.,Ward
10	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(a) Residence: No. Halethorpe (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What Marie OR DIVORCED (write the word)	21. DATE OF DEATH 1 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma T Pullan	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year left. 22 - 18 62	I last saw hair alive on Jeh. 11 193 4; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, fring water merchant SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Bottolary Spring water 10. Date deceased last worked at this occupation (month and 1933 spent in this 20 yr occupation)	arebral Hemmontage 3/12/33
12. BIRTHPLACE (city or town) Mousey Marine (State or country)	Other Contributory Causes of importance: Onterio Selerosis 1929
13. NAME Henry Puller 14. BIRTHPLACE (city or town) Marine (State or country)	Name of operation Date of Was there an aulopsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place A Laul's Historicele 2/3, 1934	Manner of injury
19. UNDERTAKER Harouf A Withte (Address) 4/6/ Canadany au	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 13, 1934 Registrar. If more blanks are needed, address State Registrar.	(Signed) M. D. (Address) Halthorps Ind. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		H32 70 188	

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY PHYSICIAN
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V. S. No. 1

		STATE	OF	MARYLAN	ID-CERTIF	FICATE (OF DEATH
--	--	-------	----	---------	-----------	----------	----------

1. PLACE OF	DEATH			8:00	11343
County	Walle	more		Registration Dist. No.	261
Village or Ci	ty///	orkton	0	No. St., death occurred in a hospital or institution, give its NAME instead of street a	Ward
Length of resid	ence in city or town wher	e death occurred_3	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	_mosds.
2. FULL NAM	0	1600	Pt		
		10/2 67	f	St Ward.	
(a) Residence	e: No	(Usual place	of abode)	St., Ward. If nonresident give city or town	and State
PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowe HUSBAND of	d, or divorced				
(or) WIFE of	Odrictia	na Cen	ters	22. I HEREBY CERTIFY That latten	led deceased from
		0 13	1850	Wast saw h 222 alive on 2	, 19.617
6. DATE OF BIRTH (1		Days	1858	to have occurred on the date stated above, atm.	; death is said
76		oays	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1	ian or particular	7	ormin.	were as follows:	Date of onset
kind of w	ion, or particular ork done, as SPINNER, BOOKKEEPER, etc	- Darm	er		
4 9. Industry or b	usiness in which	1		Chile of Remarks	
SAW MILI	done, as SILK MILL, , BANK, etc.	Cexued	6 zps	www.	
10. Date decease this occup year)	l last worked at ation (month and	11. Total ti sper occu	ime (years) nt in this upation		
12. BIRTHPLACE (city (State or count		Vima	e, md	Other Contributory Causes of Importance:	
	Ruger	Year (P)	7.1		
I =	- June	a con	u		
14. BIRTHPLACE		Termone	1	Name of operation Date o	
1	0	+1. 11	6	What test confirmed diagnosis? Was there	
Ŧ		any as	yenowy	23. If death was due to external causes (VIOLENCE) fill in also the follow	-
O 16. BIRTHPLACE		Len		Accident, sulcide, or homicide? Date of injury	, 19
1 (5:000 01	2.000	0 -	ny.	Where did injury occur? (Specify city or town, county and	State)
17. INFORMANT (Address)	me & X	Renter	72	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	nonclas	us, Ind.	Managediation	
Place St	Johns Swy	au Date De	1-20 193cl	Manner of injury	
19. UNDERTAKER	21.c. 3	nookor	Son	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	m
20. FILED Fel 1	7 1934 =	namin	A-Blake	(Signed) By Annual (Signed)	M. D.
	7.0	re blanks are needed a	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		.0/	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 61344
1. PLACE OF DEATH	920
County Daltimore	Registration Dist. No. 34
Village or city Catous or le	No. Transforman I to March
	death occurred in a forpital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if ol loreign birth?
2 FILL MARKE LOS DE	
(a) Desidence No. 1 V.2.2. De D. 4.	St. Ward, Balto nel
(a) Residence: No. 1423 (Control of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. 11 married, widowed, or divorced HUSBAND of (or) WIFE of	M. LUEDEDV CEDTLEY THAT IN A LOCAL
(or) WIFE of Many King	22. THEREBY CERTIFY, That I attended deceased Irom
6. DATE OF BIRTH (month, day, and year) Que 22 - 1864	I lest saw har alive on Fel L4 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. Qm.
69 5 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular	Date of onset
8. Trade, prolession, or particular kind of work done, as SPINNER Coery Alabe. SAWYER, BOOKKEEPER, etc.	
9 Andustry or business in which work was done, as SILK MILL, Provale Research	mitral manfficiency 6mo
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00
10. Date deceased last worked at this occupation (month and year) 28 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
mall	Other Cantributory Causes of importance:
12. Birthplace (city or town) (State or country)	a hai Sclara
13. NAME John M. Rit	asteria Santa
14. BIRTHPLACE (city or town) Baltison	Name o1 operation Date of
(Stete or country)	What test confirmed diagnosis? Was there en eu'opsy?
15. MAIDEN NAME hung Nagel	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Germany	Where did injury occur?
17. INFORMANT Mes Many Ritz (Address) Back on Mil	(Specify city nr town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Shand / Cedge Date / 1938	Neture of injury
19. UNDERTAKER Slove Conklice	24. Was disease or injury in eny way related to occupation of deceased?
(Address)	If so, specify
20, FILED V/V 10 FLACE	(Signed) Nobt 2- Janett M.D.
Registrar.	(Address) Catonarth Much
If more blank are meard, address State Registrar	2411 N. Charles Street Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01345
	1. PLACE OF DEATH	(13)
	County 13 also,	Registration Dist. No.
	Village or City Kingonice	NoSt.,Ward
	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
/	Length of residence in city of man where death occurred	nome Bl. +
/	2. FULL NAME / COU-VI 'Y'	Wellon
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WHE of Bettie Robinson	22. I HEREBY CERTIFY, That I attended deceased from
e ·	6. DATE OF BIRTH (month, day, and year) June 15, 1860	I last saw have alive on face 11 , 1954; death is said
certificate	7. AGE Years Months Days If LESS than	to hava occurred on the data stated above, atm.
rtif	73 7 26 1 day,hrs.	The PRINCEPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	apoplescy
Jo y		
oac	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
instructions on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	12. BIRTHPLACE (city or town) 2006 (State or country)	Other Contributory Causes of importance:
ıstr	13, NAME Edward a Robinson	
See ir	13. NAME Link A. Color of the state of the s	Name of operation
S	(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
int.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
orta	[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
mp	(State or country)	Where did injury occur? (Specify city or town, county and State)
very important.	17. INFORMANT CAUTE TO THE CONTROL OF THE CONTROL O	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
A S	18. BURIAL, CREMATION, OR, REMOVAL COLLA Data 714 / 3 1934	Manner of injury
N is	Place Of Ota Cullus Cull Data Tel- 1 3,19	Nature of Injury
TION	19. UNDERTAKER Clarenty E, arthur	24. Was disease or injury in any way related to occupation of deceased?
1	(Addiess) Hom net	If so, specify
(1	20. FILED JAB . 3 4 Malles My Amma.	(Signed) M. D. (Address) Kang will hel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

4.	10	9	1	10
U	1	0	5	1)

1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No. 4 38
Village or City EUDOWOOD SANATORIUM, TOWSON	NAG. St., Ward
P1 2	If death occurred in a hospital or institution, give its NAME instead of street and number) s. 28 ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME James Jerome	Cose
(a) Residence: No. 3810 Frankford and (Usua Inflace of abode)	St., Ward. Balluna. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("upite the word)	21. DATE OF DEATH Section 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Dey) (Year) 22. HEREBY CERTIFY, Thet I ettended deceased from
C DATE OF DIDTH () LICE C	Hast saw h. Any alive on February 15 193 H. double in said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etc. 1950 m.
48 7 17 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
A 1 8. Trade profession or perticular 0 0	were as follows: Date of onset 142 1
kind of work done, as SPINNER, Jakon Foreway. SAWYER, BODKKEEPER, etc. Industry or business in which work was done, es SILK MILL State Railway. SAW MILL, BANK, etc 10. Date decease last worked et this occurrence in control and the same in the second in the same in the second in the same in the second in the same in the sa	
10. Date deceased last worked et this occupation in this year) 11. Total time (years) spent in this occupation	Ohan Carabban Carabba
12. BIRTHPLACE (city or town) Ballinor (Stete or country)	Other Contributory Causes of Importance:
13. NAME John Rose	
14. BIRTHPLACE (city or town) England.	Name of operation Date of
(State or country)	What test confirmed diagnosis? X - Page Wes there an autopsy? 40
15. MAIDEN NAME Cley My Honey	23. If death wes due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
Hospital RecordsPersonal History	Where did injury occur? (Specify city or town, county and State)
17 INFORMANI	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
Euchewood Sanatorium, Towson, Md. 18. BURIAL, CREMATION, OR REMOVAL	
Place Huly Cross Ceruly Doto Feb. 20, 1034	Manner of injury
19. UNDERTAKER Ally & Zeiler In (Address) 403 S. North St.	24. Was disease or injury in any way related to occupetion of deceased? \(\mathcal{LVQ} \) -
20. FILED Fab. 17, 1934 Nm. P. Butler	(Signed) A Diligit M. D. (Address) Towson, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Exact statement of OCCUPA-

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF WARTIAND TO KILL OF DEATH	STATE OF	MARYI	AND-CERTIFICATE	OF DEATH
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4.	0	6	A	edy
U	j	0	4	1

I. PLACE	OF DEA	in			(93-c)	//	
County	В	altimore				Registration Dist. No.	
Village	or City	Raspebu	rġ		No	St.,	Ward
t ength o	of residence in c	ity or town where des	ath occurred		death occurred in a hospital or institutionds. How long in U.S. If of for		
					th - the Pure D		
(a) Res	sidence: No.E	azelwood	(Usualplace	of abode)	speaturg, RWFC D.	If nonresident give city or town	and State
PERS	SONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DEATH	1
3. SEX Female		OR OR RACE	OR DIVORCE	RIED, WIDOWED, O (write the word) OWed		oruary 20 (Month) (Day)	, 193 <u>34</u> (Year)
5a. If married, HUSBAND	widowed, or div	orced			22. I HEREBY	CERTIFY, That Latten	ded deceased from
(or) WIFE		rt McC. Ro	oth			9 33 to Feb. 20	
c DATE OF BI	BTH (month de	w and wass) Mal	n 99 1	001	I last saw h er alive on Fe	b. 19 19	34; death is said
6. DATE OF BIRTH (month, day, and year) Mch. 22. 1861 7. AGE Years Months Days If LESS than					to have occurred on the date stated a	above, at. 11:05 m.	
1	7.2	10	28	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc. Housewife				fe	Chr. Endocarditis	& Myocarditis	not know
9. Industry or business in which			Arterio-sclerosis		not know		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this					8	both many years)
	leceased last we s occupation (m	outh and	ena.	ime (years) nt in this			
//> yes	ar)			pation #O	Other Contributory Causes of import	ance:	
	CE (city or town						
1	or country)		yland				
13. NAME 14. BIRTH	Mc	orris Debu	S				
4 14. BIRTH	PLACE (city or tate or country)	town)	rmanv		Name of operation		
		Barbara (What test confirmed diagnosis?		
Ξ							
O 16. BIRTH	PLACE (city or i tate or country)	town)Ger			Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?		
					Specify whether injury occurred in i	(Specify city or town, county and INDUSTRY, In HOME, or in PUBLIC	Stale) PLACE.
17. INFDRMAN (Addre		August R		e.			
18. BURIAL, CE	Ball Sall	D. Com.	teb-23	/34,19	Manner of injury		
19. UNDERTAK	ER Thi	lip Heru	nd On	2	24. Was disease or injury in any way		
(Addre	ss) 2	01661	duss	1	If so, specify	1 601	
20. FILED	2/20	, 1934 D	Un fin	t MA	(Signed) A41	Wilkinson Belair Rd.	M, D,

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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certificate.

back

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 01349
County Balfinione	946)
Village or City Notels Cliff	Registration Dist. No.
	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sister Mary Aoriata Se	haefer
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (purits the word)	21. DATE OF DEATH Feb. 22 100 4
temale White Single 5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. A. I HEREBY CERTIFY, That I attended deceased from
	April (2 ,1933, to 7eb. 22 1933
6. DATE OF BIRTH (month, day, and year) Ma 7 . 29 -1867	I last saw h_ 22 alive on Fel 21 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 12.16 m.
0 b 1 0 2 3 or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEPPER atc.	Colonary Occlusion Date of onset
9. Industry or business In which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	00
12. BIRTHPLACE (city or town) Germany	Other Contributary Causes of importance: Certlesial Sclerages
(State or country)	
14. BIRTHPLACE (city or town) Schaefer Germany	
14. BIRTHPLACE (city or town) Sermany	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quita Schmitz 16. BIRTHPLACE (city or town) Gerus any	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Gersus any (State or country)	Accident, suicide, or homicide? Data of injury, 19
	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ja. Mary Clara Marel 01.00 14. 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Voteh bliff Med Data Feb 26 1984	Manner of injury
and a still	Nature of injury
19. UNDERTAKER THANK 4. JUME (Address) 9/1 10 P. 101	24. Was disease or injury in any way related to occupation of deceased?
9:191 34 Valt in Comments	If sa, specify (Signed) Start Sell (L. A. D.
20. FILED Q Q 5 , 10 7 I I WALL I WILLIAM Registrar.	(Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVE

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- LIDEAU	1/1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Salt you learning	CERTIFICATE OF DEATH
	(43-6)
(1.10)	Registration Dist. No.
Village or City Me Jak (No. Mnume	with Ra Juncoln (If death occurred in a hospital or institu-
6	tion, give its NAME in-
2FULL NAME WMY - N X	Clunud number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH /
1 11 WIDOWED Manuel	February 16th, 198
Temale Music OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Tar 76 W SAN	June 21/31 192 to Feb. 16/34, 192
(Month) (Day) (Year)	that I last saw har alive on Feb . 15/34
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
/68 V 6/ I day hrs.	The CAUSE OF DEATH * was as follows:
yra. mos. ds. or min.	Myocarditis. Hoertension
B OCCUPATION (a) Trade, profession or	
particular kind of work Jonseuge	
(b) General nature of industry business, or establishment in	(Duration) 2 yrs. 7 mos de.
which employed or (employer)	
9 BIRTHPLACE	Contributory Obesity.
(State or country)	(Duration) 2 mosde.
10 NAME OF 7	(Signed) M. D.
FATHER Tranks & M. Klaw	192 (Address) IOO N. LINWOO d Ave.
IN DIRTHPLACE OF FATHER	
State or country Allimon mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Well !! Wantand	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a mountain - some pour	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 15 yrs
(State or Country) Salamana . 1997	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) TALAL M. D. Chmust	usual residence
* d. y. Th	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Manumental UK angow m	Jandon Hork tet 20, 1004
15 - Cell 19 100 311 91 8. 11.	20 UNDERTAKER ADDRESS
Filed 700, 192 3 Filed Rygitras	+ BS/ipport 8509/ Ralle
If more banks are needed, address State Registrate	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

01350

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative health-fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every, person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. Housemaid, etc. If the occupation has been changed For many occupations a especially in industrial employments, it is necesm's). without more precise specification as Day For persons who have no occupation fingle word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

51. 2. 3. Hely In

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of of importance were as:	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECFIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MARE 2 1934	July 5,1927	Peritonitis	3 days ago
	100000000000000000000000000000000000000			
Other contributory cau	ses of importance:	12.	Other contributory causes of importance:	
Gallstones		May 1,1923		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	27 Schlenger
	3034 E. Baldmith &

SI-	PLACE OF DEATH	STATE OF MARYLAND	
Exa	County Ballimon	CEDTIFICATE OF DEATH	
ā ; /	county 5 accounts	1/1	
F16,		Registration Dist. No.	
EXACTI ly classi floate.	Village or City War # alla (No. 2FULL NAME Harry Burton & ch	St:: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)	
stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
d be y be ack o	3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 76 6 , 1984	
shoul titma son b	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That 1 attended the deceased from Carry (1934 to Hereby Company), 1934, that I last saw harmalive on Jet (1934).	
piled. ACE	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at // n The CAUSE OF DEATH * was as follows:	
occupation is very important. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Wohn Falls, Md. 10 NAME OF FATHER Frederick Schutz 11 BIRTHPLACE OF FATHER (State or country) When Falls, Md. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER Not known	Contributory Accidental, Suicidal or Homicidal. (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. de	
BEvery Item of I	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Starley Schulz (Address) Wefell Falls Md Filed 2 192 / Md M Registrar	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Baltimore bem. Ten. 9, 1934 SOUNDERTAKER ADDRESS Leonae W. Sirkler 1737 E. Caga,	
z	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material For persons who have no occupation single word or term on (6) Grocery;

Str'ement of Cause of Death—Name, first, the Dis-EA. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease ingos, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping use of "Tumor" for malignant neoplasms); Measles; letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease, Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1)353
1. PLACE OF DEATH	46
County Gallynne	Registration Dist. No.
Village or City France Comt	No. 504 E St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara V. Jean	
(a) Residence: No. 504 E (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of Gens Ge F. Jean	22. I HEREBY CERTIFY, That I attended dacasasd from Out. 1933, to July 144 1934
6. DATE OF BIRTH (month, day, and year) Left 10 1880	i last saw h_ saw aliva on Feb. 13th 19 14; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trada, profession, or particular kind of work dona, as SPINNER. Housework SAWYER, BOOKKEEPER, etc.	Caremonue Strund (let 1932
kind of work dona, as SPINNER. Fortaework SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL. Fortal SAW MILL, BANK, etc. 10. Data deceased last worked at this pecupation (month and	
O 10 Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Sill Francisco (State or country)	Other Contributory Causes of importance:
	gyumbur
13. NAME Clayfor Jones 14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation asperations Date of 121933 What test confirmed diagnosis? Qualify Was there an autopsy?
15. MAIDEN NAME Florence Covery	23. If dasth was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Florence Covely 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homlclde?
17. INFORMANT // George & Jean (Addrass) 504 & at	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Parkswood Data Feb. 16, 1934	Manner of injury
19. UNDERTAKER John F Denny (Address) 1715 Light 50	24. Was disaasa or Injury In any way ralated to occupation of daceasad? No
20. FILED FIRM 14, 1934 of Still amics (2) Registrar.	(Signad) Janua & Eldred M. D. (Addrass) Lharrow Daint
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

1. PLACE OF DEATH	(22-a)
County Dalto, Quety	Registration Dist. No. 3 💆
Village or City Owings Mill	NoSt., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME trames adele Hij	beley Sheppard
(a) Residence: No Pettasi Lanc Occasional (Usual place of abode	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL Temale White Marrie, Marrie	he word) = = = = 102 14
5a. If married, widowed, or diverced	(Month) (Day) (Pear)
(or) WIFE of Samuel J. Skeppard	22. I HEREBY CERTIFY. That I attended deceased from Pab. 15, 1934, to 7.6. 286, 1935
6. DATE OF BIRTH (month, day, and year) May 79, 18 5	1 last saw h alive on 7=2. 28 1934; death is said
	ESS than to have occurred on the date stated above, at
N m	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Date of on set
SAWYER, BDDKKEEPER, etc.	fe Corneral Hersonthy 725,24
9. Industry or business in which work was done, as SILK MILL, Own Horne SAW MILL, BANK, etc	1109
ID: Date deceased last worked at 11. Total time (years	3)
Diract deceased last worked at this occupation (month and year)	· · · · · · · · · · · · · · · · · · ·
12. BIRTHPLACE (city or town) Dayton, It oward	Other Contributory Causes of importance:
(State or jountry) & May any land	d
13. NAME tosefor Truy Nepsley 14. BIRTAPLACE (city or town) Howard	
14. BISTAPLACE (city or town)	Co. Name of operation Data of
(State or country) Mary Land	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha / homps 16. BIRTHPLACE (city or town) 16. Control of town	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Nacroand	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Min place the Shepp a (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR TEMOVAL .	Manner of injury
Place Mount brew Date March	7, 19 3 7 Nature of injury
19. UNDERTAKER "Berry man Td	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Pleasely flows my	If so, specify
20. FILED TOOM 19 STMART	(Signed) M. D. Registrar. (Address) Pers less lower Second
mah 1-193	Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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-	1	CIANS should Ette CAUSE CF DEATH in plain terms so that it may be properly class	statement of OCCUPATION is very important. See instructions on back of certificate
2	i	1	-
2			1
- 12	Miles	1	

Co	PLACE OF DEATH unty Baltimore	STATE OF CERTIFICATI	MARYLAND E OF DEATH
		Registration	Dist. No. 4
Villag	2 FULL NAME Charles W. S.	bipley Ward	(If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE (Write the word)	16 DATE OF DEATH Fel.	(Day) (Year)
6 DAT	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I at 30 1934 to 72 that I last saw h Malive on Fresh	tended the deceased from
7 AGE	If LESS than	and that death occurred on the date states. The CAUSE OF DEATH * was as follows:	, , , , , , , , , , , , , , , , , , , ,
(a) parti	I rade, profession or Coular kind of work Ceneral nature of industry	(2) Growles Prumonis Duration Jan 20"	5 hl-3,193
9 BIR	ness, or establishment in the employed or (employer)	Contributory Secondary (Duration)	yrs mos ds.
	NAME OF FATHER Wich Shipley BIRTHPLACE	(Signed)	M. D.
L Z	OF FATHER (State or country) Mulanown	*State the Piscase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
PA	OF MOTHER (?) Gasane BIRTHPLACE OF MOTHER (State or Country) Whansum	10 LINGTH OF RESIDENCE (For Hospi ients or Recent Residents) At place of death yrs mos, de, State Where was disease contracted,	
	Informan My Mm Gerhart	if not at place of dea h?	
	(Address) Dindullo med	Daltinine Cem.	2/4/34 , 19
15 Fil	ed 3/6/3492 Smlarene	Wernon Keehner	ADDRESS 1502/ tollings
	If more banks are needed, addre.s Ltate Kegistrai	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st_ted unless important. Example: Measles (disease can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, eausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Caneer" is less definite; avoid or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, atie), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; Mcasles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	2 TTE
0.1	R_WRITE
S. No.	
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		CERTIFICATE OF DEATH 0135.6
	1. PLACE OF DEATH County - Baltimore	(94-E)
/	Village or City Jowson	No. 2 Landar du Plast. Ward
	(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME Eleanor M. Su	egent.
	(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4	1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fight 7 (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HURLEN D. Sizgert	22. I HEREBY CERTIFY, That I ettended deceased from
e.	6. DATE OF BIRTH (month, day, and year) Oct 2701874.	I lest sew h delive on 2 193 4; death is seid
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/m.
rtii	59 3 11 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce	8. Trade, profession, or particular kind of work done as SPINNER, AT-	Cornay & Armhons 1934
back	kind of work done, as SPINNER, AT- SAWYER, BDOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	1939
on	10. Date deceased last worked at this occupation (month and yeer)	
instructions	12. BIRTHPLACE (city or town) Pers Forf	Other Contributory Causes of importance: Aut Cardue ditulative 1434
nstı	13. NAME I hamme murray	
See ii	13. NAME Jumas Murray 14. BIRTHPLACE (city or town)	Neme of operation Dete of
SO	(State of country)	What test confirmed diagnosis? Charle here an autopsy? Was there an autopsy?
ant.	I 15. MAIDEN NAME Bully Hlannaga	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME Bridge Hannage 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
ry imp	17. INFORMANT MASS. Kathry Fraisant	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAL Place Place Transition of Place	Manner of injury
TION	19. UNDERTAKER Addiess)	Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify
T	20. FILED FILE T, 184 The P. Bust.	(Signed) - W. Brhop M. D. (Address) 381 Shendark a
1	If more blanks are needed, address State Registrar	221 N Charles Street Relainage Descrit, 71 C M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	d de de	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAN D LAMA	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

I was & with

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01357
1. PLACE OF DEATH	(31)
County Baltim orc	Registration Dist. No.
Village or City Stemmers Pun	No Baell Piner Meell Road St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
0 0.4	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Cera M. Sowers	
(a) Residence: No. 13 act (River Med Korad (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Figure 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH Rebrusary 10 ,1934 (Wast)
HUSBAND of (or) William Powers	22. HEREBY CERTIFY That I altended deceased from 1934 to Feb 10 1934
6. DATE OF BIRTH (month, day, and year) fully 21, 1874	I last saw h A alive on tel 10 , 19 3 4; daath is said
7. AGE Yaars Month's Days If LESS than	to have occurred on the date stated above, at
59 6 19 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, At home & SAWYER, BOOKKEEPER, etc	Date of one of
SAWYER, BOOKKEEPER, etc. 90 10 10 10 10 10 10 10 10 10 10 10 10 10	Usterio selerosio with
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date cassad last worked at this occupation (month and	Hypertensii 1933
10. Date deceased last worked at this occupation (month and spant in this	Court cardina dilutation Filia
yaar) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Baltimuse	A. P. A.
(Stata or country) M. d.	Eteronic Julesshtish
13. NAME Joseph Massey 14. BIRTHPLACE (city or town)	Weblistis 1933
14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of Country) Maryana	What tast confirmed diagnosis? Qurue Was there an autopsy? 40
15. MAIDEN NAME Elizabeth Deckman 16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?
17. INFORMANT Mrs ada La Lindemore (Address) Bagk River Nick Ross	Whare did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pankwood Cemetery Date Feb. 13.1934	Nature of injury
HENRY SANDER & SONS. INC.	24. Was disease or injury in any way ralated to occupation of decaased?
20. FILED Jeb. 12 1934 J. D. Larrelly Registrat.	(Signed) Selvey to Styll M. D. (Addrass) 450/6 4 cof arm
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: .	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
C'erebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	V		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

of OCCUPA-

Exact statement

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No. No. he part and Enoch Pratt Hossital the occurred in a horpital or institution, give its NAME instead of street and no ds. How long in U.S. If of foreign birth?	sds.	
No. he pard and Enoch Pratt Hossital th occurred in a horpital or institution, give its NAME instead of street and no ds. How long in U.S. If of foreign birth?	umber) sds.	
If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH	umber) sds.	
If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH		
If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH	State	
If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH	State	
MEDICAL CERTIFICATE OF DEATH	State	
1. DATE OF DEATH		
February 15	193_4 (Year)	
Nov. 28 19 33 to 12b. 15	eceased from	
last saw h_ im alive on Feb. 15 19 34	death is sald	
o have occurred on the date stated above, at \$2 \cdot 05A_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
	Date of onsst	
	Un-	
	known	
,		
Other Contributory Causes of importance: Cardiac Decompensation 1	week	
Name of operation Oate of		
Mone	itonev? N	
(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
Manner of injury		
1. Was disease or injury in any way related to occupation of deceased?	No	
(Signed) BATTES (Chillee)	M. D.	
O The West of the Control of the Con	have occurred on the date stated above, at \$2.05A_m. the PRINCIPAL CAUSE OF DEATH and related causes of Importance as follows: Tterio Scherosis ther Contributory Causes of Importance: Cardiac Decompensation Oate of	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
Z	1	7	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01359
1. PLACE OF DEATH	
County Dalb Co.	Registration Dist., No.
Village or City Lausdowere	ND. St., Ward
(If Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME anna B. Stock of	Oo
(a) Residence: No. Dawnonds Almy Road (Usual place of Bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 25 1034
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Widowel	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel. 18,1851	Plast saw h. Le alive on 20 1,193 Odeath Is said
7. AGE Years Months Days If LESS than 1 day,hrs:	to have occurred on the date stated above at 5.30 Pm.
80 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc	Of fort
9. Industry or business in which	Chronic musylat
work was done, as SILK MILL, SAW MILL, BANK, etc.	- raginins ,
To: Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	Chime Myst as deta ?
13. NAME Louis Blakeley	
13. NAME Jours Slabeley 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Clumes Was there an autopsy? 110
15. MAIDEN NAME CHINA B Juanely	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marin Jean Roat.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place took M.S. Com Date Tet 28, 1934	Nature of injury
19. UNDERTAKER Clarence & Outhur	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Tet 26, 1934 St. Miles fee	(Signed) M.D.
If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
RUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

SIAIE 1. PLACE OF DEATH	OF MARYLAND-	-CERTIFICATE OF DEATH	01361
County Ballin	- h-		34
Village or City Cat	To servi la	Registration Dist. No.	0
Village of City		If death occurred in a horpital of institution, give its NAME instead of	street and number)
Length of residence in city or town wh	ere death occurred	syrsyrs	ds.
2. FULL NAME Mar	and/aliaf	erro	
(a) Residence: No. 11(1) He	weshill Ril Va	setulard.	**********
PERSONAL AND STATI	(Usual place of abode)	If nonresident give city or MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-2111
Female White	OR DIVORCED (write the word)	Febry 5	- , 193 4
ia. If married, widowed, or divorced	angke	(March) (Day)	(Yéar)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I	attended deceased from
December	13. 1848	Rept 1 1 , 1912 10 teling	19.3.4
. DATE OF BIRTH (month, day, and year)	unknown		, 19 54 ; death is seid
. AGE Years Months	Days If LESS than I day,hrs	to have occurred on the date stated above, at	0000
85 86 ?	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Domestin	0.1.01	es 3da
9. Industry or business in which		Carrotal temorral	pe say
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	rivale famile	e (upapaga)	
this occoppation (month and	11. Total time (years) spant In this	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
year) lept 19	occupation 4.5.4	Other Coutributory Causes of importance:	
2. BIRTHPLACE (city or town)	Blumont		
(State or country) 8 me Sa Mon:	roe	ataris Scleroses	10yr
13. NAME 14. BIRTHPLACE (city or town)	Taliaferro-		
14. BIRTHPLACE (city or town)	7 B	Name of operation	Date of
(State of country)	rgina	What test confirmed diagnosis? Was	there an autopsy?
15. MAIOEN NAME Maria 16. BIRTHPLACE (city or town)	grenea	23. If death was due to external causes (VIDL ENCE) fill in elso the	e following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of înju	ry, 19
(State or country)	- or	Where did Injury occur? (Specify city or town, countries of the city of the city of town, countries of the city of the city of the city of the city of town, countries of the city of	ty and State)
7. INFORMANT ALLE TO Hower	hill Rid. Violeture	Specify whether injury occurred in INDUSTRY, in HOME, or In P	UBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Menner of injury	
Place Loudon Park Ce	m. Feb. 7, 19. 34	Nature of injury	
9. UNDERTAKED OSEPH	S(00)R	24. Was disease or injury In any way related to occupation of dec	eased? No
(Address) 1005 W.	Baltimore St.	If so, specify	
20. FILED 2/5 1933-0	H. augrese	(Signed) NoCt . C. Jane	M. D
, 150	Registrar.	(Address) Catousville	md
If,	more Blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE WAY			

TION is very important. See instructions on back of certificate.

X	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement, of OCCUPA-
•	RECORD. Ever	THESICIAN	Exact statemen
BINDING	PERMANENT	d EXACTLY	erly classified.
ARGIN RESERVED FOR BINDING	K-THIS IS A	should be state	t may be prope
ARGIN RES	UNFADING IN	applied. AGE	terms, so that i
	NLY, WITH	be carefully su	SATH in plain
.1	-WRITE PLAI	mation should	CAUSE OF DI

STATE	OF	MARYL	AND-	-CERTIF	TICATE	OF	DEATH
-------	----	-------	------	---------	--------	----	-------

()	1	3	6	2	
				4	

1. PLACE OF DEATH			(145)	-1/
County Baltimore			Registration Dist. No.	38
Village or CityTowson_ Length of residence in city or town wh			Nahe poard & Enoch Pratt Hospital death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution, give its NAME instead of street and a death occurred in a hospital or institution in the death occurred in a hospital or institution in the death occurred in a death occurred in	
2. FULL NAME Taylor (a) Residence: No. 5006 Pt		Road,	St., Ward. Washington, D. C. If nonresident give city or town ar	nd State
PERSONAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	s. SINGLE, MAR OR DIVORCE Singl	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH February (Month) (Day)	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I attended November 14, 1933, to February 16	d deceased from
6. DATE OF BIRTH (month, day, and year)	March 16.	1900	I last saw h.im alive on February 15	; death is said
7. AGE Years Month. 33 11	o Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:00 mNoon The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of great
12. BIRTHPLACE (city or town). Washi (State or country) 13. NAME Edward J. Taj	ikown 11. Total to span occurrent D.	lime (years) Approntin this 12-15	yrs. Other Contributory Causes of importance: Manic depressive psychosis, Depressed phase.	
14. BIRTHPLACE (city or town)	Washington	. D.C.	Nama of operation Date of_	
	Patterson		What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Margaret 16. BIRTHPLACE (city or town) Was (State or country) 17. INFORMANT Hospital Reco	chington, D	. C.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Suicide Date of Injury Where did injury occur? Sheppard Pratt Hosp. The Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	0 WSOn
18. BURIAL, CREMATION, OR REMOVAL	2. Oats 7/1	1934.	Manner of injury	
19. UNOERTAKER 15. SANTA (Address) 7.5%- 5%. Arc.	elssons E.M. Has	Line of	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed)	, M. D.
		De Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	up day	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1.	

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8.—The trade, profession, or particular kind of work done.
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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH 01364
1. PLACE OF DEATH	97
County Cunt	Registration Dist. No.
Village or City Yanvur hv	MNo. 7/3 St., Ward
Length of rasidence in city or town where death occurred 42 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Trank Thomp	2400
(a) Residence: No.	Dances In my
(Usual place of abode)	St., Ward: If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Golord S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)	21. DATE OF DEATH 2/23/34, 193
5a. If married, widowed, or divorced HUSBAND of	(Month) / (Øay) (Year)
(or) WIFE of Mary his Shorpson	22. I HEREBY CERTIFY, That I attended deceased from
10M IGL	1 2 419 , to X 1 2 119
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h. Ama affva on
66 9 modes 1 day,hrs.	to heve occurred on the date steted ebova, at Align Am Am The PRINCIPAL CAUSE OF DEATH and related causas of Importance
Trade profession or particular	wera as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased lest workad at this occupation (month and	arternschlerosis /hh.
9. Industry or business in which work was done as SIJ K MILL	134
work was done, as SILK MILL, SAW MILL, BANK, atc	
Spantin this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	(cente arthulis 1/3/34
1	1//
I which we	
14. BIRTHPLACE (city or town)	Name of operation Data of Data of
15. MAIDEN NAME	What test confirmed diagnosis? Westhere an autopsy?
T SOUTH TO THE TENT OF THE TEN	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Hary S. Flampson (Address)	(Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. trabanglacety Date tet 26 4, 1934	Natura of injury
19. UNDERTAKER Chantalos la Sendolis (Addiass) 2/0/ mo feyellos for	24. Was disease or injury in any way related to occupation of deceased?
20. FILED IN 26, 1934 4 Allerques M. Registras.	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows Arteriosclerosis Attack of epilepsy 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 weck ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01365
1. PLACE OF DEATH	(98-6)
County Balteriors	Registration Dist. No. 30
Village or City Cotourille	No. 2 2 Kewley aves St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length ol rasidanca in city or town whera death occurredmos.	ds. How long in U.S. il of foreign birth?yrsmosds.
2. FULL NAME /// ary Co. freuth	
(a) Residence: No. 2 2 Newbuy Cuts.	St., Ward.
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIYORCED (wrig the word)	fer 23 193 4
5a. Il married, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND OF Color WIFE OF Charles Wy Freuth	22. I HEREBY CERTIFY, That I attended deceased from 1933 to 7 f 23 1934
6. DATE OF BIRTH (month, day, and year) Usels 19. 1863	I last saw head alive on Fish 23 1934; death is said
7. AGE Yaars Months Day's If LESS than	to have occurred on the date stated abova, at 12
70 7/1 A 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca
8. Trade, profession, or particular	were as follows: Our Myocar delia Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9 Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad last worked 3 5 11. Total time (years) this occupation (monthland)	Cur very o en recur
9. Industry or businass in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
year) occupation C	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Clleath Cll	
(State or country) Y Wary Laurel	arterioselerores
13. NAME LUNY CELLEN 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME (city or town)	23. Il daath was due to external causes (VIDL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) / Leweguy	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Stys auca 6. Lives	Specify whathar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
MASTERDEWburg aut. Calousville	
18. BURIAL, CRÉMATION, DR REMOVAK Place Tourson Fack Date Fet 26, 1934	Manner ol injury
Place Date Date Date Date Date	Nature of injury
19. UNDERTAKER Caston Sous	24. Was disaase or injury in any way related to occupation of daceased?
(Address) Ellerst-Clly	Il so, spacily
20, FILED A 26, 1934 All Jackson	(Signad) Milberry M. D.
Defent Registrar.	(Address) (atomanile)
If more blanks ary needed, addryss State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I:	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		I BECENED DE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

County_

ottoe	(a) Residen	ice: No.	Soual place of abode)	St., Ward. If nonresident give city or town and St.
		IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX M	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 24 (Day) 4
5a	. If myrried, widow HUSBAND of (or) WIFE of	ved, or divorced	- 0	22. I HEREBY CERTIFY, That I attended dec
6. 7.	DATE OF BIRTH	(month, day, and year)	March 3,187	to have occurred on the date stated above, et. G. Am.
6. 7.	C	0 11	2/ 1 day,hrs ormin.	
PATION	SAWYER,	business in which	Farm Hund	Sudden Death
DOCCI	10. Date deceas	s done, as SILK MILL, L, BANK, etced last worked at pation (month and 2/3	11. Total time (years) spent in this occupation	Myorardial Degenera
12	BIRTHPLACE (cit		Elimone	Other Contributory Causes of Importance:
ATHER 21	13. NAME	anest!	Pechudy	Coule Pilatation of D
-		country)	Frank.	Name of operationDate of
MOTHER	15. MAIDEN NA 16. BIRTHPLACE	(city or town)	rain	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury
17	(Stete or	Prs. Denry	I. Lonvery (Sint	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
2		ION, OR REMOVAL	2 Oate Feb. 2. 6, 1934	Manner of Injury
19	UNDERTAKER	Um C	30k	24. Was disease or injury In any way related to occupation of deceased?
	11	11.21 6	1 4 1/1	(Signed) John ! Jarrell Coron

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

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Example	I	1	Example II	
The principal cause of death and a of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Grist 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	and have	1921	Run over by street car	1 week ago
Cerebral hemorrhage	69	July 5,1927	Peritonitis	3 days ago
	52 4			
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones	正与	May 1,1923	Gastroenteritis	1 year
18	<u> </u>			
				<u> </u>

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01367
1. PLACE OF DEATH	
County Ballmire	Registration Dist. No.
Village or City Bay Shore Park	**
<u> </u>	death occurred in a hospital or institution, give its NAME instead of street and number)
00.000	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME CHAPLES WILLY	
(a) Residence: No. Roy Store (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH, 1/2 /934, 193
5a. If marriad, widowed, or divorcad HUSBAND of	(Month) (Dey) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end year cleary cust - 1871.3	I last sew h elive on, 19, 19, 19; death is said
7. AGE / Years Months Days, A If LESS than	to have occurred on the date stated above, atm.
6 MNNV 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were es follows:
8 Trada profession or particular	Cronic Maracardilis
Kind of work done, as SPINNER LOST CLASSING SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and this programming month and second in the second in t	
SAW MILL, BANK, atc	1
O 10. Date deceased last worked at this occupation (month and year)	
Me O	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Patrick Willy.	
13. NAME TUNIER SELLY 14. BIRTHPLACE (city or town)	Name of operation Data of
CSTATE OF COUNTRY)	What test confirmed diagnosis? 21 44 Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Dridget Cochoran	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Coltury Komp	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL Place A FRIENDLA CHILDLEY Date 2 - 14 - 8 4,19	Manner of injury
19. UNDERTAKEN LEWELL & Hemphress (Addiass) 50/21. Broadway	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILED TUS 13th, 199 QMC Comes M. Registrat.	(Signor Homas 19) Starting Out 1.
If more blanks are needed address State Project	N. Chalacter P. L. B. G. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory couses of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MADVIAND CEDTICICATE OF DEATH

	1. PLACE OF DEATH	CERTIFICATE OF DEATH
/	County Baltimore	31
	Village or City Quaker Hill, Woodlaum	f death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME Margaret Volmer (a) Residence: No. Doywood Rd, Quaker Hi (Usual place of abode)	sds. How long in U. S. if of foreign birth?yrsmosds. LL St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21, 12, 193 4 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HISBAND 61 (or) WIFE of Frederick Volmer	22. I HEREBY CERTIFY. That I attended deceased from 21/2, 1934, to 21/2, 1934
certificate.	6. DATE OF BIRTH (month, day, and year) May 17 / 1853 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at
on back of c	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Ciribral Hemorrhay 412
instructions	12. BIRTHPLACE (city or town) Baltumore Md. (State or country)	Other Contributory Causes of importance:
See	13. NAME John Inglaub 14. B(RTHPLACE (city or town) Gomany (State or country)	Name of operation
y important.	15. MAIOEN NAME Margaret Anglaub 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Anna Judson	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
FION is very	(Address) Mogwood Rd. Sucher Hill. 18. BURIAL, CREMATION, OR REMOVAL Place Sallimore, Cem. Date , 19 4	Manner of Injury 2 1001. Nature of Injury
F	19. UNDERTAKER (Milliams Cook (Address) (21) St Baul St. 20. FILED 2/12, 1934 & 78heff Registrar.	24. Was disease or injury In any way releted to occupation of deceased? 220 If so, specify Signed M. D. (Address) White State Control of the

V. S. No. 1

B.—WRITE PLAINLY, WIT

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE WILL WAS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Selool 01303
County Baltimore. Rosewood Si	tale 1 raising Registration Dist. No. 33
Village or City Chorneys mills md	NoSt.,Ward
Length of residence in city or town where death occurred 12 yrs. #mos	death occurred in a horpital or institution, give its NAME instead of street and number) 22 ds. How long in U.S. if of foreign birth?
61-12	Born in Bultmare, med.
	Total man. Med.
(a) Residence: No. 3319 Beach ave, Bu	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH M
Female as hete Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) Muy. 31, 1905	I last saw h w alive on Fely 19, 1934; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.3 0Am.
28 5 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Frade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Status Epileptiene, 7eb 12, 43
A Industry or business in which work was done, as SILK MILL, State graining School	,
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Baltimore, md.	Other Contributory Causes of importance:
(State or country)	
13. NAME Thomas Bowers	
14. BIRTHPLACE (city or town) lenkson.	Name of operation / Date of Date of
(State or country)	What test confirmed diagnosis? Clinical Was there an autopsy? 40.
15. MAIDEN NAME Lula Wanty	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Westminster, Mud,	Accident, suicide, or homicide? Date of Injury, 19
(Stata of country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Sualthelional Records	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Qurinys Mulls, mal	2,40
Moralley Hontwar Tel 14/1934	Mannar of injury 2000
Color Color Color	Nature of injury 24 Was disease or injury in any way soleted to severalize of decree 2 24.
19. UNDERTAKER I CALLED May (Address) 3 CIPP Page 1	24. Was disease or injury in any way related to occupation of deceased?
G. Grander and	(Signed) Harry S. Burler
20. FILED 126: 17 , 1934 Of Brillian Registrar.	(Address) (Covings mills, Ind.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRIT

	ARGIN KENER	תק /	ARGIN REDERVED FOR BINDING
-WRITE PLAINLY, WITH	UNFADING INK	THIS	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be carefully ;	supplied. AGE shoul	d be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain	n terms, so that it ma	y be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
TION is very important. See instructions on back of certificate.	ee instructions on bac	k of	certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1) 370
1. PLACE OF DEATH ,	82-0
County Lallunore	Registration Dist. No. 33
Village or City /towblesburg.	No. St, Ward
//6.4	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?
2. FULL NAME Sallis I Near	ver.
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaer)
5a. If married, widowed, or divorced HUSDANS (or) WIFE of Lewis Weaver.	22. HEREBY CERTIFY that Lettendad deceased from
6. DATE OF BIRTH (month, day, end year) august 22-185-2	I last sew hen alive on All 2/14, 197 1d; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date steted above, at
8/ 5- 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profession, or particular kind of work done, es SPINNER N. /	Oate of one et
kind of work done, es SPINNER, let SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Color Henrys 18/19
Kind of work done, es SPINNER, Lef SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date daceesed last worked at 192 (11. Total time (years)) 11. Total time (years)	
10. Date dacesed last worked at this occupation (month end 1925 spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(Stata or country) // Lary Land	Yee Yee
13. NAME Lewis Oftowall	
14. BIRTHPLACE (city or town)	Neme of operation. Two two
(Stete or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Clailia Summo, 16. BIRTHPLACE (city or town)	23. If death wes dua to external causes (VIOLENCE) fill in also the following:
Sets or country)	Accident, suicide, or homicide?
M - 9/15	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) While we were	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
Plece Charles Octo 2 - 23, 19 34	Neture of injury
19. UNDERTAKER Edu Ctipton	24. Wes diseasa or injury in any wey related to occupetion of deceesed?
(Address) Vampetdad Mid	If so, specify
20. FILEO Feb. 222 1934/ Symbuch	(Signed) J. J. Hyush Misley Zuch D.
Registrar.	(6)dress) fisterstaur ~ ~

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH 01371
1. PLACE OF DEATH	93-6)
County Callingre	Registration Dist. No. 38
Village or City Parkwells	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs mos 2. FULL NAME Anna M. C. Wh	
(a) Residence: No. 7702 Harfard (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATED (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) approx. 1854	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
never would tell or min.	hier as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myo Caractis Date of onar
SAWYER, BOOKKEEPER, etc.	afteriosclerosis
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic myocarditisa Cuto
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation	Duration: tover ten years.
12. BIRTHPLACE (city or town) Ballo County	Other Contributory Causes of importance:
(Stete or country)	
14. BIRTHPLACE (city or town) Balla County	
4. BIRTHPLACE (city or town) College (State or country)	Name of operation
15. MAIDEN NAME Lo not tenous	23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lo not tenous 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Linguis Whitefass	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Mary Longry Date the 7 , 1935	Nature of injury
19. UNDERTAKER Jasafyst + Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2/6, 1934 G. M. Bacon	(Signed M. D.
Registrar.	(Address) Tanson R.D. #B

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

(31)			,
	Registration I	Dist. No. 4	12
No. 101 Leed death occurred in a hospital or institution ds. How long in U.S. If o	S AVE. ution, give its NAME	St.,	Ward number)
St., Ward.	If nonresident	give city or Idwa	and State
MEDICAL C	ERTIFICATE	The state of the s	
21. DATE OF DEATH	1	11	
	(Month)	(Day)	, 193 Y (Year)
12 to 11		2 ,198	1984
to have occurred on the date state			
The PRINCIPAL CAUSE OF DEA' were as follows:	TH and related cause	s of importance	Date of onset
Certerio 8	elesor	ر ا	lugs.
Other Contributory Causes of imp	ortanca:		
Other Contributory Causes of imp			Bareko
Name of operation	we	Date of	
23. If death was due to external car			
Accident, suicide, or homicide?		ate of injury	, 19
Where did injury occur? Specify whether injury occurred i	(Specify city or in INDUSTRY, in HO	town, county and S	State) PLACE.
Manner of injury			
24. Was disease or injury in any w	vay related to occupa	tion of deceased?	no
(Signed) A Cayon (Address 208	Id calland		
Andrews Street Baltimore P.			746-4

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar.

If more blanks are needed, address State Registrar

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis 2	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorriage	July 5,1927	Peritonitis ·	3 days ago
FEB 27 100A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Jo u	plno	000	
	iter	sh	of	
	Every	IVNS	ment	
	RD. I	YSIC	state	
	ECO]	PH	xact	
	T R	LY.	田	
	. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	PE	E	rly	cate.
	IS A	stated	prope	TION is very important. See instructions on back of certificate.
	HIS	þe	pe	Jo.
	T-7	pluor	may	back
	Z	E st	at it	no s
	ING	VG	so the	tions
	FAD	lied.	ms, s	struc
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1	LE 1	she	EO	is v
	VRI	ation	AUS	ION
	B.—	H	C	I

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Baltimore .	Registration Dist. No. 44
Village or City Sharrows Vacut	No. alderclest. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurradyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 109. WOO	
(a) Residence: No. Admit above (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 8 1934
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2/0.001	193 to 7 et . 0 , 1937
DATE OF BIRTH (month, day, and year) Fer. 0. 1934.	I last saw h
AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on tha date stated above, at
Stillboria ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still form
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this year)	
Magueron P+	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
13. NAME Inclinary H. Wood	
14. BIRTHPLACE (city or town). Pettsylvania Co	Name of operation
(State or country)	What test confirmed diagnosis? Exame Was there an autopsy?
15. MAIDEN NAME A Baltimore mid.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 1 Millians	Accident, suicide, or homicide?, 19, 19, 19
(State or country) Aloualason.	Where did injury occur? (Specify city or town, county and State)
(7, INFORMANT (Address) father Bank as above)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dato 19	Nature of Injury
9. UNDERTAKER M atomical Laboratory	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If se, specify
20. FILED JO 1934 H. C. M. Compries (M. 2) Registrar.	(Signed) Mr. D. (Address) Spanaws Mr. D.
	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1/3/3
County Gallynor	Registration Dist. No. 3
/ Village or City / www.	No. St Ward
Length of residence in city of town where death occurred 32 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Horse C. Wor)
(a) Residence: No. 200 / Salterne G	CSt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of the Man of	22. I HEREBY CERTIFY, That I attended deceased from
of our grand	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 16 S	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8-Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, samuel	- squapery
9. Industry or business in which work wes done, as SILK Milds SAW MILL, BANK, etc. 10. Date deceased as worked at the occupation marked at the occupation of the occupation occupation of the occupation	
SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
TO Date deceased last worked at this occupation conditions year) 11. Total time (years) spent in this year) cocupation	
12. BIRTHPLACE (city or town) appropriate the	Other Caatributory Causes of importance:
(State or country)	
13. NAME AND MAN	
	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Was Jyson	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
Longt C What	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DALLEMAN CAN Baldemore	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL)	Manner of injury
Riace 10 The trible pate 199	Nature of Injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) HA A Banks	If so, specify At Ol. D.
20, FILED 78010, 1934 West Della	(Signed) Williams Cultus Consulty D.
Registrar,	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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